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ABSTRACT

The three-part final report documents recommend recommendations and resolutions and summarizes the work of more than 700 delegates to the White House Conference on Handicapped Individuals, May 23-27, 1977, in Washington, D.C. It is emphasized that the primary purpose of the conference was to give persons with mental and/or physical disabilities an opportunity to voice their concerns and vote on recommended solutions to problems. Part C reprints verbatim the recommendations approved during the conference and the resolutions affirmed in a poll taken by mail after the conference. Approximately 150 recommendations and resolutions are listed for the following issues: health, education, social, special, and miscellaneous concerns. Resolutions cover such areas as national health insurance and planning, early identification and diagnostic services, and screening programs, (health concerns); preschool evaluation services, funds for vocational education, and enforcement of Education For All Handicapped Children Act (educational concerns); developing positive attitudes, portrayal of handicapped in advertising, and recreational programs and facilities (social concerns); Section 501 of the Vocational Rehabilitation Act, affirmative action and employment, and sheltered workshops (economic concerns); library services, mainstreaming, and sexuality of handicapped individuals (special concerns); and commendation of the Carter administration, exclusion of alcoholism and drug abuse from handicapping conditions, and parent participation (miscellaneous concerns). (DB)

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THE WHITE HOUSE CONFERENCE ON HANDICAPPED INDIVIDUALS

VOLUME TWO:
FINAL REPORT
PART C

U.S. DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
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Volume Two:

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Part C

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FINAL ISSUES AND RECOMMENDATIONS

As Approved by Delegates to the White House Conference on Handicapped Individuals

HEALTH
CONCERNS

HEC I–1 HEALTH CONCERNS—RESEARCH

How can research and its relationship to prevention and services be better understood by the handicapped individual?

A. HANDICAPPED INVOLVEMENT IN RESEARCH

Incentives and opportunities should be provided to allow the handicapped to participate in research efforts, either as consultants or trained researchers, to identify relevant problems. A local registry could be developed to identify those handicapped who could serve in this capacity.

B. RESEARCH NEEDS

A review mechanism should be established to evaluate past research efforts as well as to assess existing data to determine what additional research is needed.

C. INFORMATION SYSTEM

Information storage and retrieval systems should be established to compile and simplify data, and some means to interpret the information should be developed. Data banks at regional libraries with hotlines.

D. COORDINATED DISSEMINATION OF RESEARCH FINDINGS

The dissemination of research findings should be better coordinated either through the efforts of HEW or, more generally, through a closer linking of the higher education and health care delivery systems. Researchers should share their findings through publications, lectures, etc.

E. EARLY WARNING SIGNS

Media campaigns should be waged through such means as public TV to provide specific examples of handicapping conditions and inform the public of early warning signs. Handicapped should be consulted to ensure appropriate terminology is used.

F. TRAINING SERVICE PROVIDERS

Training programs for providers should emphasize the "whole person" concept.

G. MULTI-MEDIA PROGRAMS

Develop a systematic long-range multi-media program initiated with the WHCHI. Follow-up next year with television spots or documentaries to inform the public how advances in research have enhanced the life of those with handicaps. Concurrently, initiate a rehabilitation research information column in local papers.

I. GENETIC COUNSELING

State and local government agencies should provide genetic counseling services, including amniocentesis testing, to handicapped individuals.

M. MASS EDUCATION

Provide mass education campaign to inform public of results of research, orientation to handicapped as to available services, orientation to public on importance of prevention—involve handicapped in campaigns. Agencies should assign part of their budgets to public education.

HEC I–2 HEALTH CONCERNS—RESEARCH

How can advocates for research be developed so as to maintain the high quality of research to aid the mentally and physically handicapped?

A. PUBLIC AWARENESS

Efforts should be initiated to make the public aware of the need for research, to publicize successful programs, to disseminate results in a form understandable to laymen, and to promote research legislation. Existing agencies should play a stronger role.

B. TRAINING SERVICE PROVIDERS/RESEARCHERS

Continuing education and training of service providers/researchers should be strengthened by such actions as: (a) including rehabilitation management in physicians' training and board examinations; (b) encouraging researcher interaction with the handicapped to better understand their problems; (c) selecting those most knowledgeable about the handicapped to provide professional training; (d) providing scholarships and research grants; (e) establishing a "Professional Information Service" at the state level.

C. METHODS FOR SUPPORTING RESEARCH

Methods for supporting additional research should be identified, including both public and private funding. For example, provisions for taxpayer contributions via state and federal income tax forms could be made.

D. BASIC AND APPLIED RESEARCH

Greater emphasis should be placed on basic and applied research, relating it more to direct services.

E. INCREASE RESEARCH FUNDING

Funding should be increased and/or reallocated where necessary to strengthen and coordinate research efforts and avoid redundancies. Funding for research grants and scholarships should be provided.

F. NATIONAL ADVISORY COMMITTEE

A National Advisory Committee should be established to define research priorities. Needs of local communities should be surveyed in setting priorities.

H. ADVOCACY

Advocacy efforts should be funded, as well as local parent groups organized, to place issues before the public.

M. REGIONAL TREATMENT TRAINING CENTERS

Additional treatment and professional training centers should be established at the regional level.

P. PROGRAM EVALUATION BY HANDICAPPED

Handicapped individuals should be involved in program evaluation efforts to increase their participation in programs which affect them.

T. EVALUATION OF RESEARCH PROJECTS

Evaluation of research projects should not be made by any physician who has been away from the clinical practice of medicine for more than three years.

Z. TRAIN HANDICAPPED

Develop program for education and training of those handicapped who are interested in research—to be implemented in higher education system—student loans.

HEC I-3 HEALTH CONCERNS—RESEARCH

How can we include a broader population that may be interested in causes and prevention as well as treatment and rehabilitation?

A. PREVENTION AWARENESS

A major publicity campaign should be conducted to educate the public in the need for prevention and early detection (including prenatal care), explaining its cost effectiveness and soliciting the public's support.

B. INFORMATION SYSTEM

Some form of a centralized information center or clearinghouse should be developed to identify resources, disseminate research findings, etc. This center (or centers) could be developed at the local, regional and/or national level.

C. PUBLICITY MEANS

A comprehensive public awareness campaign should be developed using such means as: (a) TV spot commercials to disseminate research findings; (b) toll-free information via telephone; (c) improved health career information/counseling programs in high school and college; (d) state level Speakers' Bureau, seminars and workshops; and (e) billboards, bumper stickers, non-technical articles in national magazines.

D. PUBLIC SCHOOL HEALTH PROGRAMS

Health instruction should be provided through the public school system, with a particular emphasis on prevention, early detection and healthful habits.

E. EDUCATE POLITICAL LEADERS

Citizen advocate groups should be utilized to educate the public and political leaders concerning the needs of the handicapped.

F. INCREASED EMPLOYMENT OPPORTUNITIES

Employment opportunities for handicapped individuals should be exapnded through additional funding for training and placement, increased numbers of "reserved" slots through Department of Vocational Rehabilitation, additional "in-home" and research positions, etc. The effectiveness of programs to hire the handicapped should also be evaluated.

G. WIDER AVAILABILITY OF PREVENTIVE CARE

Preventive care should be made more widely available through such efforts as improved parent information programs, improved health screening for children increased support for nutritional aide programs and/or additional clinic-based genetic counseling for high school age and older.

H. EDUCATE PUBLIC IN HANDICAPPED POTENTIAL

Efforts should be made to educate the public regarding certain handicapping conditions (e.g., heart disease and trauma), explain the potentials of the handicapped individual, and attempt to improve attitudes.

I. EDUCATE PUBLIC IN HANDICAPPED NEEDS

Public education efforts should be funded by the federal and state governments to teach about the needs of the handicapped and prepare the public to deal with the disabled.

Q. RESEARCH/TREATMENT TECHNIQUES

Legislation should be enacted mandating research by government and private agencies concerning treatment techniques, major funding for this research should be provided from federal taxes no later than September, 1978.

HEC I–4 HEALTH CONCERNS—RESEARCH

How can we demonstrate the benefits of research findings to professionals and other user groups?

A. RESEARCH INFORMATION CENTERS

Some type of research information center should be developed, either through a national clearinghouse or regional/state facilities. The federal government should disseminate research results to providers.

B. TRAINING/CONTINUING EDUCATION FOR PROVIDERS—RESEARCH

Continuing education/training of service providers in appropriate research areas (e.g., interpretation of results) should be supported.

C. PUBLIC EDUCATION AT VARYING LEVELS

Public education should be provided at a very wide range of understanding levels, using workshops, local mass media resources, videotape programs, etc.

D. RESEARCH COLLABORATION

Researchers, providers, educators and consumers should collaborate on all phases of planning research to prevent duplication.

E. PILOT STUDIES/DEMONSTRATION COMPONENTS

Pilot studies and demonstration components should be built into rehabilitation research and training efforts.

G. STATE OFFICE OF HANDICAPPED INDIVIDUALS

A state office of handicapped individuals should be established to develop and coordinate services, and to publish and distribute information on research findings.

H. NATIONAL INSTITUTE ON HANDICAPPING CONDITIONS

A National Institute on Handicapping Conditions should be developed to centralize information collection and dissemination.

K. INFORMATION CENTERS

A three-part information clearinghouse, statewide survey, and public education center should be developed at institutions serving the handicapped.

M. MEDIA CAMPAIGNS

Conduct mass media campaigns.

HEC I–5 HEALTH CONCERN—RESEARCH

How can additional medical and science professionals be attracted to enter the field of birth defects and genetics?

A. CONTINUING EDUCATION OPPORTUNITIES

Continuing education/training opportunities for service providers (e.g., counselors and practicing physicians) should be increased.

B. CONSOLIDATE GROUPS

All providers and interest groups should be consolidated.

C. REGIONAL SERVICE CENTERS

Regional service centers should be organized in sparsely populated centers.

D. MANPOWER SURVEY

HEW should conduct a survey of professionals already practicing in the field.

E. FEDERAL SUBSIDIES

Practicing professionals should be granted federal subsidies.

F. SECURE ADEQUATE FUNDING

Grants and other funding should be provided to attract medical and science professionals into the field of birth defects and genetics.

HEC I–6 HEALTH CONCERNS—RESEARCH

How can the public be made aware of procedures that would result in the reduction of risks for mothers and infants caused by alcohol, drug abuse, etc.?

A. MEDIA CAMPAIGN ON RISKS INVOLVED

A media campaign should be developed to warn the public of the risks involved in drug/alcohol abuse, particularly during the formative years. Public service announcements, prime time TV specials, newsletters and campaigns at public libraries, public health centers, prenatal classes and family planning programs could be used to provide realistic warnings on the dangers of substance abuse. Federal and state governments should fund such programs.

B. PUBLIC SCHOOL HEALTH EDUCATION

Public school education courses should emphasize such areas as health care and accident prevention, the risks of substance abuse, the importance of diet in prenatal care, etc. Audiovisual aids, traveling consultants and speakers could be used to educate the students.

C. DEMONSTRATION PROJECTS

The federal government should increase funding for demonstration projects in the health area.

D. RESEARCH ON PUBLIC EDUCATION

Research should be conducted on the best means to educate the public concerning the risks involved in maternal use of drugs and alcohol.

E. EDUCATE HEALTH WORKERS

All health workers should be educated concerning the risks for mothers and infants caused by alcohol and drug abuse.

F. NON-PRESCRIPTION DRUGS

The FCC and FDA should review the effects of all non-prescription drugs.

HEC I–7 HEALTH CONCERNS—RESEARCH

How can the private and public sectors establish a comprehensive research program which emphasizes the causes of all types of handicapped conditions?

A. CENTRALIZED INFORMATION SYSTEM

Some form of centralized information registry, clearinghouse, or data bank should be developed to coordinate and disseminate information on handicapping conditions, with toll-free hotline for services.

B. NATIONAL INSTITUTE OF HANDICAPPING CONDITIONS

A National Institute of Handicapping Conditions should be developed which could fund, stimulate, direct and coordinate research. Such information could be provided to the states via directories, mass communications, etc.

C. COOPERATIVE RESEARCH

Cooperative research programs should be developed among federal, state and private organizations, including shared funding support.

D. RESEARCH COORDINATING BODY

A central coordinating body (e.g., a national research center) should be established to strengthen research efforts, assign priorities, and collect and disseminate findings to both public and private agencies utilizing consumer involvement. This body would include handicapped persons.

J. MULTIDISCIPLINARY RESEARCH

A mandate should be issued expressing the vital need for a comprehensive multidisciplinary research program.

M. NATIONAL INSTITUTES OF HEALTH RESEARCH PRIORITIES

NIH should establish research priorities and provide funds for programs and facilities as required.

O. ADAPTIVE EQUIPMENT

Cost analysis studies should be done on adaptive equipment and devices.

Q. INFORMATION ON PUBLIC INSTITUTIONS

Up-to-date information should be compiled on public institutions.

W. PREVENTION RESEARCH

Additional support for research should be provided, with an emphasis on prevention, amelioration and reduction in the severity of handicapping conditions.

HEC I–8 HEALTH CONCERNS—RESEARCH

From the standpoint of mental illness, how can we develop an explicit policy on which to base a nationwide effort to disseminate research findings and, whenever appropriate, to foster their use since the need for information on mental illness is of the highest priority?

A. INCREASED COMMUNICATIONS

Communication between researchers and the handicapped should be increased.

B. RESEARCH COORDINATING BODY

A research coordinating body should be established in HEW to assure that necessary safeguards and controls are instituted to protect the public in the application of research findings. Funding should be shared by the private sector and the federal government.

C. CAREER OPPORTUNITIES FOR THE HANDICAPPED

Career opportunities for the handicapped should be increased in the fields of medicine, engineering, and the sciences.

D. DISSEMINATION OF RESEARCH FINDINGS

Federal funding should be provided for dissemination of the research findings of all federally-supported research organizations.

E. AUTISM RESEARCH

Conduct research on causes and effect of autism.

F. FOOD ALLERGY RESEARCH

Conduct research on food allergies that affect the nervous system.

G. PUBLIC INFORMATION

Provide public information and public awareness through mass media campaign.

H. CONSUMER PARTICIPATION

Utilize consumers in programs of public education and provision of services. Handicapped should have role in research decision-making.

HEC I-9 HEALTH CONCERNS—RESEARCH

How can information be made available in rural areas regarding diseases, treatment centers and research, and how can employment of professionally qualified handicapped people in research be encouraged?

A. REGISTRY OF SERVICES/PROFESSIONALS

A registry of all handicapped services and professionals by categorical conditions should be developed; and wider use made of MEDLARS and MEDLINE.

B. ANNUAL REVIEW ARTICLE

An annual review article regarding each handicapping condition should be developed for consumer use.

C. FEDERAL RESEARCH FOR HANDICAPPING CONDITIONS

The federal research budget should be evaluated annually to insure a fair share for disabling diseases.

E. SIMPLIFY WRITTEN MATERIALS

Information materials should be written in laymen's terms.

F. DISSEMINATION OF RESEARCH RESULTS

Some means to disseminate research results should be funded.

G. HOSPITAL-AFFILIATED RESEARCH FACILITY

Funding should be provided to establish hospital-affiliated research facilities in outlying areas, including the American territories.

HEC I-10 HEALTH CONCERNS—RESEARCH

How can we develop the techniques to prevent and diminish society's tendency to obliterate the handicapped?

A. PUBLIC SCHOOL EDUCATION PROGRAMS

Education programs should be developed throughout all levels in the public schools.

B. MORATORIUM ON NEW FACILITIES

A moratorium on new institutionalized-care facilities should be imposed.

C. COMMUNITY-BASED PROGRAMS

The states should increase funding for community-based programs.

HEC I-11 HEALTH CONCERNS—RESEARCH

How can genetic knowledge, which will lead to more accurate diagnosis and prevention of genetic conditions among the handicapped, be extended?

A. GENETIC RECORDS

A genetic record should be prepared which would identify histories of relatives with potential genetic problems.

B. GENETIC CONSULTANTS

Access to genetic consultants should be provided at all clinics.

HEC I–12 HEALTH CONCERNS—RESEARCH

How can we prevent the discrimination against handicapped individuals by insurance companies who require high premium rates and/or failing to insure such persons?

A. DISCRIMINATION/HIGHER RATES

The extent of discrimination by insurance companies should be investigated and documented, and proof of added risk should be required for higher rates to be charged.

HEC I–13 HEALTH CONCERNS—RESEARCH

How can we raise public consciousness to the basic needs of research?

A. PUBLIC CONSCIOUSNESS

A combined mass media, public school education approach should be utilized, with the handicapped trained to act as informed educators.

HEC II–1 HEALTH CONCERNS—TECHNOLOGY

What steps should be taken to facilitate the transfer of technology so that handicapped persons receive the benefits of technology as rapidly as possible?

A. INFORMATION/REFERRAL

Establish a national clearinghouse with a computer bank of information on technology for access by consumers and professionals. Liaison systems should be utilized to disseminate information to local areas. A hotline to clearinghouses should be established.

B. SUBSIDY FOR PRODUCTS

Federal and state subsidies should be provided as follows: to handicapped persons for products and appliances; for development and manufacture of appliances; to encourage production of low-volume items. Long term financing arrangements should be available.

C. PUBLIC EDUCATION/AWARENESS

Public should be educated via awareness campaigns and public school programs. Subsidies should be given to handicapped persons for their involvement in awareness programs; media time should be reserved for handicapped groups; film programs to publicize groups of handicapped persons should be developed.

D. SEMINARS/WORKSHOPS

Seminars should be sponsored for handicapped technology at national meetings of scientific societies; state and regional seminars and workshops should be conducted to disseminate information to the handicapped, and to provide orientation to handicapped and families in special equipment use.

E. JOURNALS

A "Consumer Reports" type of journal for the handicapped should be established to evaluate and report on new technology; existing journals should be persuaded to report/evaluate new technology; research results should be published in lay and professional journals.

G. HOME MODIFICATION

New technology in "Model Homes" and mobile units which emphasize independent living should be demonstrated. The private sector should be involved in home modification; more opportunities for independent living should be made available to the handicapped.

H. STATE AND REGIONAL CENTERS

State and regional centers for applied technology should be established; supplementary services should be located near health care facilities.

I. RESEARCH INCENTIVES

Federal tax incentives should be provided for technological research; support for applied research should be emphasized.

J. STANDARDS

Create worldwide standards for technological items, such as prosthetic and orthotic parts. Unit costs could be lowered by development of a world market.

P.* CLINICAL ENGINEERS

Clinical engineers should be utilized to facilitate the process of dealing with handicapping diseases.

HEC II–2 HEALTH CONCERNS—TECHNOLOGY

How can the benefits of new technology be published and disseminated to handicapped persons?

A. INFORMATION/REFERRAL SYSTEM

Some form of a national information dissemination system should be developed, through such means as national/regional clearinghouses, local centers, toll-free hotlines, consumer publications, computerized research banks, etc.

B. RESOURCE DIRECTORY

A resource directory "Consumer Reports" type publication should be developed to include information on technology, federal assistance, etc.

C. MEDIA CAMPAIGNS

Utilize mass media by such means as TV programs on new technology presented by national networks.

D. SPECIAL INTEREST PERIODICALS

Special interest periodicals should be developed for the handicapped, such as a monthly national magazine produced by selected White House Conference staff. Reports should be written in laymen's terms.

E. NATIONAL TECHNOLOGY ORGANIZATION

A national technology organization should be established with local centers for problem referral.

F. PRIVATE SECTOR

Development of information dissemination means by the private sector should be supported (e.g., establishment of a private research unit with annual publications).

H. COMMITTEE ON DEVICES

Create a committee to identify available devices and promote use of technological advances. Information on proper use of technology should be emphasized.

I. NATIONAL AERONAUTICS AND SPACE ADMINISTRATION FACILITIES

A federal clearinghouse should be established which would use NASA facilities to process information.

L. CLINICAL ENGINEERS

State and regional rehabilitation organizations should utilize clinical engineers to apply new technology.

M. PUBLIC AWARENESS

Conduct public awareness campaigns for industrial community to increase production of devices for handicapped.

HEC II–3 HEALTH CONCERNS—TECHNOLOGY

How should we address the proliferation of technology and develop a meaningful response to the problem in order to benefit the handicapped?

A. PUBLICITY/EDUCATION CAMPAIGN

Technology information should be disseminated through media and community conferences. Documentaries should be used to report on and evaluate quality of services provided to handicapped.

B. HANDICAPPED RUN COMPANIES

Establish competitive, handicap-run, non-profit manufacturing and repair companies. Handicapped individuals to participate in design and manufacture of devices.

C. EVALUATION OF ADAPTIVE DEVICES

An evaluation of adaptive devices, based on the "Consumer Reports" model, should be provided.

D. MEDICAID/MEDICARE

Coverage and efficiency of Medicaid/Medicare should be increased.

E. MONITOR QUALITY

The federal government, with consumer input, should monitor the quality of adaptive devices.

F. TRAINING OF MEDICAL PRACTITIONERS

More medical practitioners should be trained in applied technology.

G. USE OF EQUIPMENT

Training in the use of equipment should be provided as part of client services.

H. CENTRALIZED REFERRAL

A single, centralized referral and advocacy center should be established.

I. PRIORITIES

Problems to be solved should be prioritized by technologists and handicapped groups.

J. FIELD TEST PRODUCTS

Regional research and training centers should be established to field test new products.

K. SPACE TECHNOLOGY

Space technology should be reviewed by a technical group for relevant application to the handicapped.

HEC II–4 HEALTH CONCERNS—TECHNOLOGY

How can the handicapped person be protected from charlatan technology?

A. ENFORCE STANDARDS

Standards to ensure quality and safety should be established as follows: certification and licensure standards should be developed for personnel and products; quality standards and price controls should be established; service providers should be educated regarding new technology, and continuing education should be required as a condition of re-licensure. Government funding should be restricted to technology approved and periodically reviewed by a federal "underwriters laboratory." Third party reimbursement should be made only to qualified professionals. Existing programs within the state which are responsible for the regulation of medical devices should be strengthened.

B. CONSUMER AWARENESS

Efforts should be made to educate the handicapped to become "critical consumers," including provider training to ensure consumer awareness, publication of warning pamphlets, development of mass media programs accessible to the handicapped, etc. Consumer protection agencies should become involved and consumer protection efforts encouraged through information dissemination by the mass media.

C. FIELD TESTING OF NEW PRODUCTS

Regional research and treatment centers should be established to encourage technical development, including the field testing of new products.

D. FOOD AND DRUG ADMINISTRATION

Technology for the handicapped (including artificial organs and devices) should be included under the Food and Drug Administration's regulatory responsibilities.

G. RESEARCH FUNDING

Funding should be expanded, giving priority to research.

L. TECHNICAL ADVICE

Interested professionals, such as bio-engineers, should be recruited to offer technical advice and expertise on handicapped needs.

HEC II-5 HEALTH CONCERNS—TECHNOLOGY

How can the interests of handicapped persons across the country be better served by improved communications including telecommunications (audio-visual) in the health field?

A. MULTI-MEDIA CAMPAIGNS

Multi-media campaigns should be conducted—translated into Spanish. Programs should be produced expressly for the handicapped and interest groups should press for a greater voice of the handicapped in the mass media.

B. FILM LIBRARIES

Establish film libraries to distribute films on the handicapped to elementary and secondary schools.

C. TV FOR DEAF

Statewide TV hookups should be provided for deaf persons; TV captioning should be mandated.

D. IMPROVED COMMUNICATION OPPORTUNITIES

Opportunities for the handicapped to communicate with each other should be improved.

I. TALKING BOOKS

Talking book programs should be expanded.

K. PROVIDER TRAINING

Providers should be trained in the needs of the handicapped, therapeutic intervention for optimal functioning, and the use of team care. Special use of audio-visual training materials should be made.

HEC II-6 HEALTH CONCERNS—TECHNOLOGY

How can a data bank in the field of technology be created to serve all levels of government, industry and consumer groups?

A. INFORMATION/REFERRAL SYSTEMS

A national computerized data bank on technology should be developed with state agency channels; connections should be established with information available at existing rehabilitation centers; governors' committees could channel information through the federal Office of Handicapped Individuals.

B. MEDICAL INFORMATION

Establish a data bank on medical information; enact federal and state privacy laws to protect individuals represented in the data bank.

C. CONSUMER ACTION GROUPS

Consumer action groups should be organized at all levels.

D. STATISTICAL NEEDS ANALYSIS

A statistical needs analysis should be developed by the Rehabilitation Services Administration.

E. "ACCENT ON LIVING"

The "Accent on Living" information system should be expanded.

F. MEDLINE AND TECLINE

Medline and Tecline should be expanded for wider consumer use.

G. MS PROFESSIONALS

Genetics information should be organized so that [illegible] level professionals can do genetic counseling.

HEC II-7 HEALTH CONCERNS—TECHNOLOGY

How can a more efficient organization be created at the national level to bring together all efforts required for the successful intervention of technology for the handicapped?

A. CENTRAL INFORMATION

A central, computerized information system should be developed for consumers and professionals which would coordinate referral, research and funding information. The Department of Health, Education and Welfare should grant funds for the development of the system.

B. NATIONAL ADVISORY COUNCIL

Congress should create a national advisory council for the handicapped to monitor and promote the dissemination of information.

C. REGIONAL/PROFESSIONAL GROUP MEMBERS

A broadly-representative advisory committee should be created, with members drawn from regional and professional groups.

D. MEDICAL HOTLINES

Toll-free medical hotlines should be established in each state to provide emergency medical information and professional diagnostic advice.

E. ADAPTIVE EQUIPMENT

The government should provide funds for the development of adaptive equipment in medical school settings.

F. REORGANIZATION OF THE DEPARTMENT OF HEALTH, EDUCATION AND WELFARE

The Department of Health, Education and Welfare should reorganize to meet the needs of the handicapped.

G. BUREAU OF CHRONICALLY HANDICAPPED

A bureau of chronically handicapped persons for research and development should be established.

H. POLITICAL APPOINTEES

Bureau heads should not be political appointees.

I. CONSUMER PROTECTION AGENCY

Existing consumer protection agency should be empowered to test, approve, and advocate products for the handicapped.

K. ADDITIONAL RESEARCH

The federal government should provide planning and funding for more research.

HEC II–8 HEALTH CONCERNS—TECHNOLOGY

How can we obtain better data for use in planning for technological applications?

A. 1980 CENSUS

The 1980 census should be utilized to gather data on disabilities and/or technology needs of the handicapped.

B. INCOME TAX FORM

Information should be gathered via the Internal Revenue Service income tax forms.

C. NEEDS OF HANDICAPPED

Information on the needs of the handicapped should be gathered through organizations for the handicapped.

D. STATE DATA

Some mechanism should be developed to provide state data on health needs to the federal government.

E. LOCAL REFERRAL CENTERS

Local information and referral centers should be established.

F. CENTRAL INFORMATION CENTER

A central information/referral/funding/coordination center should be established.

G. NATIONAL REGISTRY

A national registry of persons categorized by type of disability should be created.

H. REGIONAL CENTER

Regional centers should be utilized to gather research data on needs.

I. LIBRARY OF CONGRESS

The Library of Congress should provide an information service.

J. NATIONAL TECHNOLOGY ORGANIZATION

A national technology organization should be established.

HEC II–9 HEALTH CONCERNS—TECHNOLOGY

How can specialized manpower now being termed "clinical engineers" join with handicapped individuals using technology and modern engineering?

A. TRAINING

Clinical engineers should be trained to perform as members of the professional team dealing with problems of the handicapped. The training curriculum for clinical engineers should include health care problems of the handicapped to enable them to serve on health care teams.

B. HANDICAPPED PARTICIPATION

Handicapped individuals should be utilized in the development of training programs for clinical engineers. Seminars involving clinical engineers and consumers should be organized.

C. RESEARCH REVIEW PANELS

The handicapped should be included on research review panels and in studies.

D. JOB MODIFICATION

Industrial engineers should be utilized for job modification.

E. ATTITUDE TRAINING

Attitude training programs should be developed for health department staff.

F. CLERKSHIPS

Clinical engineers should serve clerkships in chronic care centers.

G. SEPARATE FIELD

Clinical engineering should be recognized as a separate field within human engineering.

H. CONSOLIDATED PROGRAMS

Engineering schools, industry, and health centers should be consolidated.

K. TRAIN HANDICAPPED

Handicapped should be trained as clinical engineers.

L. EQUIPMENT TESTING

Equipment for handicapped should be tested for safety.

HEC II-10 HEALTH CONCERNS—TECHNOLOGY

How can we insure that technology does not replace human relationships?

A. HUMAN RELATIONSHIPS

Providers should be educated regarding the importance of human relationships in providing care.

B. VOCATIONAL REHABILITATION COUNSELORS

Vocational rehabilitation counselors should be evaluated on the quality of service provided rather than on the number of cases processed.

HEC II-11 HEALTH CONCERNS—TECHNOLOGY

How can we address the many legal and ethical questions which have arisen in our society due to applications of technology (for example, the right to privacy in data collection)?

A. ETHICAL PROBLEMS

The public should be educated concerning ethical and other problems in research.

B. TASK FORCE

A task force should be established to identify problems and possible solutions—solicit input of experts, and draft professional codes.

C. GUIDELINES

Guidelines should be developed to protect patients' anonymity and potential benefits, and protect against physicians' liability.

D. INFORMATION AUTHORIZATION

Handicapped should be educated as to desirability of their authorizing information on their disabilities.

E. LEGAL GUARDIANSHIP

Improve system of legal guardianship for those persons unable to provide informed consent.

F. HUMAN RESEARCH SAFEGUARDS

Strengthen safeguards governing human research.

G. RELEASE OF INFORMATION

Physicians shall be required to present to patient or guardian early in treatment program a "release of information" form pertaining to research only.

HEC III–1 HEALTH CONCERNS—DIAGNOSIS

How can diagnostic teams be made available to all citizens for all handicapping conditions?

A. REGIONAL CENTERS—MOBILE LABS

Regional centers should be established with outreach programs for diagnosis, referral, and treatment. Outreach programs to utilize mobile laboratories and diagnostic teams to provide services to rural areas.

B. LOCAL CENTERS

Federal and state governments should subsidize local screening, diagnostic, and information centers to provide services in a consistent and coordinated manner.

C. TRAINING/CONTINUING EDUCATION

Physicians should be educated in diagnosis and treatment of handicapping conditions and continuing education should be provided all paraprofessionals.

D. INFORMATION/REFERRAL SERVICES

Centralized information services should be established to augment the limited services of some facilities and to enable better communications to public regarding availability of services. Community directories of services should be developed and newsletters established identifying new and modified services.

E. MULTI-DISCIPLINARY TEAMS

Federal government should support multi-disciplinary diagnostic teams utilizing medical, non-medical, paraprofessionals, family and patient.

F. PUBLIC EDUCATION

Federal government should provide leadership and assistance to states in public education programs.

H. AGENCY COORDINATION

There should be better agency coordination of programs to prevent duplication and fragmentation of services. Service delivery systems should be organized to offer comprehensive treatment.

K. NATIONAL INSTITUTE ON HANDICAPPING CONDITIONS

Establish a National Institute on Handicapping Conditions to consist of a data bank of all available information affecting the handicapped, a consumer registry of doctors, health care workers, available services, etc. NIHC should operate an ombudsman program to investigate and coordinate the utilization of the various resources for individual and group situations. All government and privately funded research should be coordinated and awarded through NIHC.

HEC III–2 HEALTH CONCERNS—DIAGNOSIS

How can early diagnosis be guaranteed throughout the life of all individuals so as to minimize the risk of a physical or mental difficulty becoming compounded?

A. TRAIN PROFESSIONALS

Physicians, public health nurses, teachers, students and other professionals and paraprofessionals should be trained in early identification of chronic conditions.

B. MANDATORY SCREENING

Mandatory universal screening and annual checkups should be provided.

C. PHYSICIAN REFERRAL

Physicians should be mandated to refer parents of developmentally disabled children to supplementary services, and subsidize the Developmental Disabilities "Home Trainer" concept.

D. INFORMATION CLEARINGHOUSES

State and/or local clearinghouses should be established, subsidized by federal and state governments.

E. REGISTRY

Voluntary state registries for treatment and follow-up should be established.

F. CLINICS

Clinics should be funded for low income families.

G. PUBLIC AWARENESS

Establish multidisciplinary committees of consumers and professionals to set up public awareness programs on diagnosis and available diagnostic teams.

I. NHI

National health insurance should be provided for diagnosis and follow-up in children aged 1–5.

J. EARLY DIAGNOSIS/TREATMENT—MENTAL DISABILITIES

Early diagnosis and treatment should be emphasized for mental and emotional disabilities.

R. REGIONAL CENTERS

Use regional rehabilitation centers for research, rehabilitation and training.

HEC III–3 HEALTH CONCERNS—DIAGNOSIS

What is the most effective and efficient way to insure early identification of handicapping conditions?

A. TRAINING PROFESSIONALS

The quality and quantity of training of professionals in early identification should be improved.

B. EARLY SCREENING

Schools, well-baby clinics and Early Periodic Screening, Diagnosis and Treatment programs should sponsor screening programs for biochemical defects at birth and during childhood.

C. TRAINING/CONSUMERS

The quality and quantity of training for consumers should be improved. Public should be made aware of importance of early identification.

D. COORDINATION

Improvements should be made in the coordination of federal programs.

G. REGIONAL CENTERS

Establish or expand regional centers through State Health Departments or universities to provide pre- and post-natal and children's services and genetic counseling. Multidisciplinary teams would insure effective follow-up treatment locally.

H. HIGH SCHOOL STUDENTS

High school students should be educated about handicapping conditions.

K. NHI

National health insurance should be enacted.

N. AWARENESS

States should mandate public awareness programs.

O. TRANSPORTATION

Transportation should be provided to diagnostic facilities.

DD. MANDATORY REPORTING

Federal and/or state guidelines should provide for mandatory reporting of handicaps by diagnosing physician, and referral to the appropriate agencies.

HEC III-4 HEALTH CONCERNS—DIAGNOSIS

How can labeling or other categorization of the handicapped individual be avoided, even though such categories may have some administrative value for planning funding?

A. INTEGRATION

The handicapped should be integrated in regular home, school and work environments.

B. LABELING

Discriminatory labeling should be eliminated from state job application forms.

C. DRIVERS LICENSE

Handicapped persons applying for drivers license should be evaluated on an individual basis.

D. ACCESSIBLE SCHOOLS

Schools should be made accessible to disabled children at an early age to reduce the stigma of disabilities.

E. MANDATORY REPORTING

Federal and/or state guidelines should provide for the mandatory reporting of handicaps by the diagnosing physician, and referral to the appropriate state agencies.

F. EDUCATE PUBLIC

Educate community and providers to needs of handicapped.

G. PRIVACY LEGISLATION

Enact legislation to protect privacy of handicapped.

HEC III-5 HEALTH CONCERNS—DIAGNOSIS

How can a public awareness program help to develop a better understanding of the needs to provide diagnostic service?

A. PUBLIC EDUCATION BY MEDIA

The federal government should develop multimedia programs to inform the public about various handicaps to publicize the need for and benefit of early diagnostic services, with special attention to high risk populations.

B. MYTHS

The public should be educated regarding mental health preservation, destigmatization of mental illness, debunking of misinformation, techniques to determining potentially serious problems in oneself or a family member, and guidance to services available to prevent further deterioration.

C. TRAINING

Increase funding for training of providers.

HEC III–6 HEALTH CONCERNS—DIAGNOSIS

How can we better understand the need to provide diagnostic services for all types and degrees of handicaps?

A. EARLY DETECTION

The importance of early identification and detection should be stressed.

B. COUNTY BASED TRAINING

Establish county based training of community service providers in early identification and causes of disabling conditions.

C. PARENT COUNSELING

Parents should be trained about specific disabilities via individualized counseling services provided by health clinics or family physicians.

D. PERIODIC EXAMS

Periodic examinations should be given to population as preventive measure.

HEC III–7 HEALTH CONCERNS—DIAGNOSIS

How should the public and private sectors collaborate in a joint effort to help parents in knowing where to obtain professional diagnostic advice?

A. EARLY PERIODIC SCREENING, DIAGNOSIS AND TREATMENT

Public-private efforts should be used for fuller implementation of Early Periodic Screening, Diagnosis and Treatment.

B. RESEARCH PROJECTS

Providers of services, related professionals, insurance companies and other private businesses, and handicapped individuals should encourage research projects in which they all are involved.

C. STATEWIDE DIAGNOSTIC SYSTEMS

Public and private agencies (such as community agencies and school systems) should collaborate on and coordinate statewide diagnostic and evaluation system.

D. MULTI-LINGUAL HOTLINES

Multi-lingual hotline should be established for referral to diagnostic services.

E. PARENT EDUCATION

Federal/state subsidies should be provided to coordinate public and private efforts to inform parents about existing diagnostic centers.

F. FUTURE PARENT EDUCATION

Education for living programs should include information to future parents to prevent damage to their reproductive organs, specifically to gonad, from environmental pressures.

H. ACCREDITATION

State governments should pass legislation to facilitate accreditation for professionals moving into a different geographic area.

I. PROFESSIONAL EDUCATION

There should be more emphasis on education of physicians in care of handicapped.

HEC III-8 HEALTH CONCERNS—DIAGNOSIS

How can we assure that effective treatment will follow diagnosis?

A. COMPUTERIZED SYSTEMS

Computerized regional diagnostic, evaluation and referral systems should be established.

B. CLEARINGHOUSES

Clearinghouses to disseminate information on existing resources should be established.

C. PUBLICIZE SERVICES

More adequate communication and publicity to enable handicapped persons to know where to go for follow-up services should be provided.

D. PARENT INVOLVEMENT IN TREATMENT

Parents should be involved in developing treatment plans.

E. INSURANCE COVERAGE

Insurance should cover all diagnosis and treatment.

F. RURAL SUPPORT

More support services for rural areas should be established. Funds for multi-disciplined teams should be allotted to provide services to rural and low-resource geographical areas.

G. RESEARCH

Continuing research to improve treatment should be conducted.

H. EXPAND DEVELOPMENTAL DISABILITIES PROGRAMS

Developmental Disabilities Service Coordination Program should be expanded.

I. ADVOCACY PROGRAMS

Advocacy programs should be established.

J. PHYSICIAN EDUCATION

Physicians should be better educated in the management of long-term chronic illnesses and disabilities.

K. AGENCY COORDINATION

Better agency coordination should be facilitated to prevent duplication and fragmentation of services.

L. TRANSPORTATION

Transportation should be provided to treatment facilities.

N. LINKAGES

Research, education, and treatment processes should be linked physically and conceptually (e.g., in rehabilitation centers).

P. FUNDING

Legislation should be enacted to assure adequate funding for treatment, following diagnosis.

HEC IV-1 HEALTH CONCERNS—PREVENTION

How can a higher priority in the allocation of national and state health resources be given to prevention?

A. HEALTH INSURANCE COVERAGE

Federal and state legislation should be enacted to mandate third party insurance coverage of preventive health services.

B. PREVENTION COST/BENEFITS

Data concerning the cost/benefits of preventive health care should be presented to the public and to all state and federal legislators to stimulate action.

C. DRUG ABUSE AND ALCOHOLISM

Mass media should be used to educate the public, especially regarding alcoholism and drug abuse.

D. TAX EXEMPT ORGANIZATIONS

Tax exempt organizations should be required to do some form of public education regarding prevention.

F. COUNTY HEALTH DEPARTMENTS

Prevention-oriented health departments should be encouraged in every county.

G. INFORM COMMUNITY LEADERS

I. PUBLIC EDUCATION

Public education should emphasize preventive education and screening.

K. LOBBYING GROUPS

Lobbying groups on the state and local levels should pressure their Departments of Health to expand the use of health personnel in preventive services such as public education about preventable disease and accidents; industrial and environmental exposures and their monitoring and prevention; and improvement and broadening of genetic counselling, prenatal services, well baby care, and proper living habits. Nurse practitioners and physicians' assistants could be trained and used to provide these preventive services.

L. TAX INCENTIVES

A federal and state tax write-off should be allowed as an incentive for seeking out and using preventive services.

O. PRENATAL CARE COVERAGE

National health insurance should provide universal and equal coverage of prenatal care.

Q. FUNDING PRIORITIES

Funding priorities for the National Institute for Neurological and Communicative Disorders and Stroke and for NIH programs generally should be raised.

HEC IV-2 HEALTH CONCERNS—PREVENTION

In the fields of maternal and infant care, how can we direct attention to environmental conditions and other high risk factors which can cause developmental disabilities?

A. TRAINING OF PUBLIC HEALTH NURSES

Training of public health nurses for service in rural areas should be stressed.

B. ADULT PREVENTIVE EDUCATION

The public school system should offer adult education courses in prevention for all citizens; information should also be provided on available services.

C. PRENATAL CARE EDUCATION

Education programs on prenatal hazards and prevention should be developed, and information provided on prenatal care locations.

D. PRENATAL TESTING

Prenatal testing should be mandated. The availability of fetal monitoring services and neo-natal care should be expanded.

E. EARLY SCREENING

All children should be screened at an early age through the public school system.

F. HEALTH PROVIDER EDUCATION

H. INSUROR INCENTIVE SYSTEM

Some form of insuror incentive system should be developed to encourage prevention and care.

I. ADVISORY BOARD FOR PUBLIC AWARENESS CAMPAIGNS

An advisory board composed of disability group representatives, medical personnel and paraprofessionals should supervise all media campaigns aimed at educating the public.

J. PAID TV SPOTS

The federal government should allocate funds for paid TV spots to educate the public.

M. OMBUDSMAN SYSTEM

An ombudsman system should be created to effect action, provide referrals and evaluate program effectiveness.

N. PUBLIC SCHOOL EDUCATION

A standardized syllabi for teaching health care for all 12 grades should be developed, and a minimum knowledge of health care should be required to graduate from high school.

O. PRE-MARITAL TESTS

Complete physical examination and screening tests should be required prior to marriage.

Q. FUND DIAGNOSTIC SERVICES

Increase funding for diagnostic and evaluation services.

HEC IV-3 HEALTH CONCERNS—PREVENTION

What can be done to generate greater public concern for genetic counseling in the prevention of birth defects due to inherited disorders?

A. COMPREHENSIVE HEALTH EDUCATION

Comprehensive health education, including health, hygiene and sex education, should be provided in both public and private schools.

B. GENETICS EDUCATION

Detailed education in genetics mechanisms and diseases should be provided at the junior and senior high school levels.

C. EDUCATION IN LIVING

Education in living should be made a mandatory part of the education curriculum.

D. TRAINING PROFESSIONALS

Adequate information and training should be provided to medical professionals so that they make good referrals for genetic counseling services.

E. ADVERTISE GENETIC COUNSELING

The availability of genetic counseling services should be advertised through the mass media, working through local advertising agencies.

F. EXPEDITE DISSEMINATION OF NEW INFORMATION

All agencies in the health care field should be required to provide new information to the public as soon as possible.

G. EXPAND COUNSELING SERVICES

Available counseling services should be expanded.

J. FAMILY PLANNING

Genetic counseling should be provided for in funding for planning and maternal/infant care services.

K. DETECTION OF DEFECT

Immediate services should be provided when defect/disorder is detected.

Q. INFORMATION CLEARINGHOUSE/NIHC

A National Institute of Handicapping Conditions should be created as a central source of all information affecting the disabled. Funding should be provided by HEW or through FICA taxes for staff who should be drawn from all fields related to the disabled and who primarily should be the disabled themselves. A mass media program and toll-free hotline should be developed.

U. GENETIC TESTING/COUNSELING PRIOR TO MARRIAGE

Genetic testing/counseling should be required for persons about to marry.

HEC IV–4 HEALTH CONCERNS—PREVENTION

How can we demonstrate the benefits of preventing accidents and diseases that cause handicapping conditions?

A. PRESCHOOL VACCINATIONS

All loopholes in the rules governing preschool vaccination of children should be closed, and additional funding provided for this effort.

B. HEALTH AND SAFETY EDUCATION

Health and safety education, including such topics as drug abuse, accident prevention, genetic counseling, etc., should be supported.

C. MASS MEDIA DECISION-MAKERS—EDUCATE

Mass media decision-makers should be educated regarding the importance of prevention.

D. HANDICAPPED IN PREVENTIVE EDUCATION

The handicapped should be utilized in preventive education efforts to describe their experiences and the causes of their handicaps.

E. INCREASED REPORTING

A national effort should be mounted to increase the reporting of diseases, accidents and high risk conditions and increase information on their causes.

F. PUBLIC AWARENESS

Public awareness programs should be conducted on federal, state and local levels with support from insurance companies, the National Advertising Council, etc.

HEC IV–5 HEALTH CONCERNS—PREVENTION

How can more emphasis be given in the nation's medical and other professional schools to the teaching of courses on prevention along with the more traditional courses on diagnosis and treatment?

A. PREVENTION, EARLY DIAGNOSIS AND TREATMENT

Greater emphasis should be placed in medical school education on prevention, early diagnosis and treatment as primary areas of intervention.

B. PERSONNEL/SCHOOL/RESEARCH SUPPORT

Funding for various activities related to prevention, including scholarship and residency support, improvement of departments of community and preventive medicine, and expansion of prevention-related research, should be increased.

C. CONTINUING EDUCATION

Continuing education for professionals in the area of prevention should be required.

D. TRAINING OF MENTAL HEALTH PROFESSIONALS

Perception of real life situations should be emphasized in the training of mental health professionals.

E. FIRST AID TRAINING

Training of first aid personnel in the handling of spinal cord injured should be mandated.

F. LICENSING PARAMEDICS

Training standards and licensure for paramedical personnel should be established. The number of certified paramedical personnel should be increased.

G. PREVENTION EMPHASIS IN PROFESSIONAL SCHOOLS

The emphasis on prevention in professional schools could be increased by (a) putting more stress on prevention in institutional and national policy, (b) giving more attention to prevention in professional curricula and (c) improving faculty and student attitudes toward preventive services.

I. ACCREDITATION

Groups responsible for the accreditation of professional schools should be influenced to emphasize prevention training.

HEC IV–6 HEALTH CONCERNS—PREVENTION

What should be done in the field of federal and state legislation so that the prevention of handicapping conditions is addressed in a comprehensive manner and adequate funding is provided?

A. INDUSTRY

The advantages of prevention efforts should be demonstrated to industry.

B. FUNDING/LONG-RANGE PLANNING

Additional funding support should be sought and long-range planning increased for prevention activities.

D. CLEARINGHOUSE

A clearinghouse for statistical/anecdotal information which would be useful in lobbying efforts should be developed and used by handicapped persons.

F. WISHA AND OSHA

The Federal Occupational and Washington State Industrial Safety and Health Administrations should be granted additional funding and manpower to enforce existing laws.

H. STATE/LOCAL HEALTH PLANS

State and local health plans should be required to specifically address prevention in order to secure federal funding.

I. PREVENTION LEGISLATION

Prevention legislation should be a top priority of advocacy groups and providers working together.

L. PUBLIC SCHOOL PREVENTIVE HEALTH CURRICULA

State Education Departments should develop preventive health curricula for secondary schools.

P. FAMILY TRAINING/CARE

Resources and training should be provided to increase the effectiveness of family-provided care of the handicapped.

R. INTERAGENCY COMMUNICATIONS

Agencies should be encouraged to communicate among themselves in order to prevent duplication of services.

S. PUBLIC EDUCATION CAMPAIGNS

Finance public education campaigns with Federal money.

W. PRE-NATAL DIAGNOSIS—HIGH RISK POPULATION

Funding should be provided to diagnostic clinics to provide pre-natal diagnosis to the high-risk population; to cover patient transportation costs and the development of a public awareness program.

HEC IV-7 HEALTH CONCERNS—PREVENTION

What studies and pilot programs are needed to make the public aware of home and occupational safety and health, transportation and environmental hazards; alcohol, drug abuse, and control of toxic substances; effects of faulty nutrition; carelessness in work habits; personal behavior alterations, etc. which will tend to reduce the incidence of disabilities?

A. PUBLIC AWARENESS PROGRAMS

Public awareness should be increased through an ongoing mass media campaign, including TV/radio documentaries and statistics on potential hazards and causes of handicaps.

B. PUBLIC SCHOOL EDUCATION PROGRAMS

Public school education programs should be developed in response to these issues.

G. INDUSTRIAL SAFETY PRACTICES

Effective industrial safety practices should be encouraged.

H. DRUG TESTING

More adequate drug testing under FDA direction should be supported.

I. INFORMATION PROGRAM

Provide information program to increase public's understanding of best way to handle persons injured in accidents.

J. INFORMATION CENTER

Establish resource center for information on all handicapping conditions.

K. HANDICAPPED PARTICIPATION

Handicapped groups to prepare films, slides, etc.

HEC IV-8 HEALTH CONCERNS—PREVENTION

How can people become aware of the need to educate themselves on healthful life styles?

A. PUBLIC SCHOOL EDUCATION

Effective education at the elementary and secondary school levels should be emphasized, particularly in the areas of health instruction. Necessary curricula should be developed and teacher manpower increased to meet this need.

B. SEX EDUCATION

Sex education and family planning courses should be included in the high school curriculum.

D. PUBLIC SCHOOL EDUCATION PROGRAM FUNDING

HEW should underwrite public school education programs in prevention.

F. MEDICAL SCHOOL CAPITATION GRANTS

Education in prevention and handicapping conditions should be required in medical schools capitation grants.

G. PROGRAM SCREENING AND EVALUATION

Health education programs should be screened and evaluated for their effectiveness.

H. PRACTICAL PUBLIC EDUCATION

Public education efforts should emphasize practical preparation for living, emotional stability, and use of leisure.

J. PARENT EDUCATION

Preventive child care should be encouraged by educating parents to provide affectionate, consistent and healthful care to infants.

K. FAMILY CARE

Special education programs should be developed for families who must care for a disabled member.

L. ADULT EDUCATION

Adult education programs should be developed which are geared to realistic life style experiences; special programs should be developed for persons who have experienced traumatic life changes.

HEC IV-9 HEALTH CONCERNS—PREVENTION

What research efforts are needed in the field of prevention to increase our understanding of the causative influences of various hazards and their combined effects in, for example, cross hazard impact studies such as asbestos and smoking, long-term exposure studies, specific etiologies of disabilities and disabling diseases, preventive methodologies and strategies?

A. PREVENTION RESEARCH CAREERS

Financial support should be provided to students electing to pursue careers in prevention research.

B. INFANT TESTING

Better prenatal and infant testing methods should be developed.

C. STUDY ON ENVIRONMENTAL HAZARDS

Federal funds should be provided for a university-based, collaborative research study on environmental hazards; results should be publicized by a federally-funded public awareness campaign.

D. RESEARCH PRIORITIES

Research priorities should be based on the prevalence and severity of the disease/handicap.

E. NATIONAL INSTITUTE FOR HANDICAPPING CONDITIONS

A National Institute for Handicapping Conditions should be established to coordinate research and increase funding; HEW or FICA funds should be appropriated for the development, staffing and maintenance of the NIHC.

F. MULTIPHASIC SCREENING

Multiphasic screening facilities should be established for high risk and institutionalized populations.

G. NATIONAL DEFENSE BUDGET DIVERSION

A percentage of the national defense budget should be diverted to public and private research in the prevention of handicapping conditions.

J. PREMATURITY—LOW BIRTH WEIGHT

Federal funding for long range collaborative studies on prematurity and low birth weight (major causes of mental retardation) now in progress should be continued. Funds could go to medical centers, treatment centers and hospitals which have demonstrated particular expertise and interest in evaluating such factors as maternal alcoholism, smoking, maternal malnutrition, teenage mothers, etc.

HEC IV-10 HEALTH CONCERNS—PREVENTION

How can a public awareness program help to increase our understanding of the benefits of education, emergency medical services, shock trauma facilities, and prompt

evacuation of injured persons from the scene of highway accidents to insure that injuries will not become disabling to the individual?

A. EMERGENCY/LIFESAVING SKILLS

Public education programs should be developed to teach procedures for effective use of existing emergency systems and increase the public's skills in lifesaving techniques.

B. MENTAL HEALTH/DISEASE

Public education programs should be developed to increase awareness of the nature of mental health/disease.

C. HEALTH ORIENTATION COURSES

Preventive health orientation and courses in first aid in public and private schools.

D. PUBLIC AWARENESS CAMPAIGNS

Establish State Coordinating Office for Handicapped for public awareness campaigns.

E. FIRST AID EDUCATION

Provide preventive health education orientation and courses in first aid in public and private schools.

HEC V-1 HEALTH CONCERNS—TREATMENT

In the field of treatment, how can we overcome the serious lag which exists between the generation of new knowledge and its general application in the field? (What immediate steps can be taken to insure that all programs are using new knowledge to benefit the handicapped?)

A. TRAIN HEALTH CARE PROVIDERS

Professional training curricula of health care providers should be expanded to include new approaches in management of physical and mental handicaps and chronic disease; to enable providers to better understand the total impact of disability upon patients; to enable providers to make more skilled training and care referrals. Training opportunities should be expanded for physical, recreation and occupational therapists through training scholarships.

B. CONTINUING EDUCATION FOR HEALTH CARE PROVIDERS

Regional learning centers should be established and all health care providers should be required to participate in continuing education; groups such as governors' committees, state medical associations, and human services agencies should provide educational materials and sponsor continuing education programs.

C. INFORMATION ACCESS

Establish a centralized information system for the purpose of dissemination of information, referral and evaluation, with state or regional clearinghouses run by and for the handicapped.

D. RESTORE FUNDING

The federal government should restore former level of funding for all phases of physical medicine, training and research.

G. CENTRAL REGISTRY—GENETIC DISEASE

Establish a central registry of children known to have, or be at risk for, genetic disease.

H. EARLY PRECURSORS OF STROKE

The mass media should be used to inform the public on the early precursors of stroke.

N. MINORITY GROUP PROBLEMS

Minority group problems and needs should be carefully considered in establishing major new programs.

S. HEALTH CARE STANDARDS

The federal government should enforce health care standards.

T. COVERAGE FOR NEWER TREATMENT METHODS

Third party insurers should be encouraged to provide coverage for newer treatment methods.

V. PATIENT EDUCATION—GENERAL

Funding support should be increased for patient education.

HEC V-2 HEALTH CONCERNS—TREATMENT

How can funding be obtained for pre-service and in-service training?

A. TRAINING FOR ATTENDANTS

Training should be supported for attendants under "Home Care—Child Care" aide programs.

B. EQUIVALENT SERVICES

All states should be required to provide equivalent services and assistance regardless of geographical location or handicap type.

C. NATIONWIDE CRITERIA

Nationwide criteria should be established for assistance to all the handicapped.

D. FEDERAL TRAINING GRANTS

Federal and private funds should be appropriated for training grants for professionals.

HEC V-3 HEALTH CONCERNS—TREATMENT

How do we organize programs for effective and efficient treatment?

A. TRAIN HEALTH CARE PROVIDERS

All providers of services to the handicapped should be required to receive training in rehabilitation skills and referrals; to be sensitized to special physical and psycho-social needs of the handicapped; to assist the handicapped transition to and from institutional care; and to be aware of the dangers of substance abuse from prolonged medication.

B. PATIENT/FAMILY/PROVIDER TEAMS

Health care should be provided by interdisciplinary teams in which patient and family would participate in establishing treatment goals and follow-up plans. Coordinated services and a holistic view of clients should be encouraged. Clinics should organize parents groups.

C. INFORMATION AND REFERRAL SERVICES

Federal, state and local efforts should be coordinated to provide a central information and referral service for the handicapped, their families and providers, and a central information mailing list to communicate specific interest information on a regular basis.

D. SCREENING/EARLY DIAGNOSIS

Federal government should provide for early screening of children; particularly prenatal and preschool children; increase intensive care nurseries and numbers of neonatologists; provide information, referral and follow-up care for all high-risk infants.

E. REGIONAL TREATMENT CENTERS

Multi-disciplinary, goal-oriented, comprehensive, regional treatment centers should be established. They should be developed around state medical schools.

G. RURAL AREAS

Health care services in rural areas should be provided by such means as establishing satellite treatment and referral centers; staffing mobile clinics with physicians; developing a pool of providers to deliver health care services; and, giving physicians incentives to practice in those areas. Federal funding should be available for services in sparsely populated areas.

H. HANDICAPPED PARTICIPATION

The vocational horizons for the handicapped should be expanded; particularly, they should be encouraged to enter the medical professions and to participate as members of health planning boards and in other consultant capacities.

O. MANUAL COMMUNICATION

Medical students should be trained in manual communications with the deaf and other provisions for signing communication with the deaf should be made at health care institutions.

S. NATIONAL SURVEY

A national survey of the needs of the handicapped should be conducted.

V. NATIONAL HEALTH INSURANCE

The federal government should provide comprehensive national health insurance.

W. INDEPENDENT LIVING CENTERS

More independent living centers for the handicapped should be organized with their participation.

MM. EARLY PERIODIC SCREENING, DIAGNOSIS AND TREATMENT

Enforce treatment requirement of Federal Early Periodic Screening, Diagnosis and Treatment Program.

HEC V-4 HEALTH CONCERNS—TREATMENT

What guidelines and standards are necessary for quality treatment?

A. MEDICAL SCHOOL-EARLY DIAGNOSIS TRAINING

Medical school training should be required in early diagnosis.

B. ADDITIONAL MEDICAID

Additional Medicaid should be provided for the chronically handicapped.

C. QUALITY SERVICES

The quality and scope of services provided should be raised for persons with hearing impairments.

D. AGENCY RESPONSIBILITY

Agency monitoring responsibility should be increased.

E. STANDARDS

Multidisciplinary teams should be used to set standards.

F. TREATMENT SEVERITY

The government should support treatment on the basis of the severity of handicapping conditions.

H. ARTIFICIAL LIMBS

The proper fit of artificial limbs, to the wearer's satisfaction, should be legally required.

J. WHEELCHAIRS

Persons authorized to sell or prescribe wheelchairs should be required to have specialized training.

K. STIFF DRUG CONTROLS

Stiffer controls should be enforced over drugs used on a long-term basis by handicapped persons.

M. HOME CARE SERVICES

Provide home care services for those who cannot go to the hospital.

O. TRANSPORTATION

Provide transportation to treatment or education centers for handicapped children.

HEC V-5 HEALTH CONCERNS—TREATMENT

How can handicapped persons participate actively in the development and implementation of treatment programs which affect them?

A. ACTIVE ADVOCACY

Advocacy services to overcome client passivity should be established. Such groups could include consumer self-advocacy programs in health care institutions; an organized handicapped persons/lobby at state and national levels; handicapped persons' rights/interest groups to petition legislatures; or a coalition of handicapped individuals. Generally, political activism among the disabled should be encouraged.

B. HANDICAPPED PARTICIPATION

Handicapped individuals should participate and be trained as professionals in programs impacting on the disabled: planning boards, implementation, and evaluation activities, boards of education, and training of professionals.

C. SPECIAL EDUCATION

Opportunities should be increased for specialized education of health manpower.

F. CLEARINGHOUSE

Information dissemination by federal and state agencies should be improved by using a clearinghouse.

H. FUNDING FOR RESEARCH

Funding should be increased for research on handicapping conditions.

I. COMPREHENSIVE HEALTH INSURANCE

The federal government should enact comprehensive health insurance.

J. MEDICARE BENEFITS

The twenty-four (24) month waiting period should be deleted for beginning medicare benefits.

N. GOVERNORS' CONSUMER BOARD

A governors' consumer advisory board should be created.

P. HANDICAPPED RIGHTS

Enact federal legislation to require patients to sign a form notifying them of their right to read their files.

R. CONTINUATION OF CONFERENCES

Recommend continuation of both local and national conferences on handicapped.

HEC V-6 HEALTH CONCERNS—TREATMENT

How can handicapped individuals afford to pay for comprehensive and quality treatment in the face of rising costs?

A. NATIONAL HEALTH INSURANCE

The Federal government should institute National Health Insurance for the handicapped and their families.

B. CATASTROPHIC HEALTH INSURANCE

The Federal government should enact catastrophic health insurance as an intermediate step to National Health Insurance.

C. LEGISLATIVE SUPPORT

Legislative support should be secured for public health care of handicapped persons.

D. MEDICATION COSTS

State aid should cover medication costs for the handicapped.

E. SPECIAL NEEDS—NATIONAL HEALTH INSURANCE

The Federal government should institute compulsory National Health Insurance to include coverage of the special needs and extra expenses of the handicapped, and the severely handicapped.

F. PUBLIC INFORMATION

The public should be informed about the facts of handicapped persons' needs.

H. PROVIDER/CONSUMER RATIOS

Detailed, up-to-date information on provider/consumer ratios in different geographical areas should be obtained.

J. TAXABLE INCOME

The federal government should waive 1% and 3% limitations for computing taxable income for the handicapped.

L. HEALTH CARE ELIGIBILITY

Health care costs should be deducted in computing eligibility for funded services.

O. WAIVER OF TWO-YEAR PERIOD

The federal government should waive the two-year waiting period for securing Medicare.

T. MEDICAL DEDUCTION

Handicapped persons should receive a complete deduction of medical expenses in computing taxes.

U. TAX CREDITS AND INCENTIVES

The federal government should provide tax credits and incentives for handicapped persons.

V. HANDICAPPED BENEFITS

X. EQUITABLE INSURANCE

Existing insurance should be made more fair and equitable with respect to handicapped persons, and exclusion of handicapped persons from health insurance should be eliminated.

AA. OMBUDSMAN

States should fund an ombudsman/advocate to help secure services for handicapped individuals.

GG. INDEPENDENT SEVERELY HANDICAPPED

Participant-directed personal care should be provided to permit independent living for the severely handicapped.

OO. REGIONAL CENTERS

Comprehensive regional centers should be established for treatment and rehabilitation.

HEC V-7 HEALTH CONCERNS—TREATMENT

How can costs of treatment be reduced?

A. NATIONAL HEALTH INSURANCE

A National Health Insurance plan which is prevention oriented and designed to control costs should be established.

B. HOME CARE

The proportion of care services provided or available in the home should be maximized.

C. PROVIDER COOPERATIVES

Cooperative organizations to provide supplies, services, equipment, and personnel should be developed among health care providers in given areas and states.

D. PARAPROFESSIONALS

Greater use of paraprofessionals should be made.

E. INFORMATION ON INSURANCE

Consumers should be provided with objective, expert, and specific information on the merits of different insurance policies. Full statements of coverage should be mandated.

F. UNDERSERVED AREAS

Needs assesssment studies should be conducted in underserved geographic areas. Services should then be funded.

H. COMPREHENSIVE HEALTH INSURANCE

Comprehensive health insurance plans should include care for handicapped persons, whatever the sponsorship.

J. DRUGS FOR ELDERLY

Drug co-payments should be eliminated for the elderly on Social Security.

L. LONG TERM CARE PROGRAMS

Flexibility, faster care, and independent living should be emphasized in long-term care programs.

S. COST REDUCTION

Costs should be reduced by research to prevent disease, the development of new treatment methods, and reliable early detection methods.

HEC V-8 HEALTH CONCERNS—TREATMENT

How can we improve communications in the area of treatment among professions and between professionals, clients and parents? Families?

A. TEAM APPROACH—PATIENT/FAMILY/PROFESSIONAL

Families and patients should be educated concerning treatment to enable participation as team members with professionals in treatment programs. Communication should be facilitated through workshops, symposia.

B. PATIENT ADVOCATES

Patient advocates should be provided; rehabilitation counselors could serve as advocates; handicapped individuals could serve as advisors/companions for other handicapped.

C. PATIENT RIGHTS

Comprehensive information should be provided to patients as a right; case records should be prepared in an understandable way; procedures to protect patient privacy should be instituted that would allow exchange of case records between practitioners and researchers.

D. PROFESSIONAL TRAINING

Professionals and paraprofessionals should be trained in the problems and needs of handicapped individuals.

E. INFORMATION/REFERRAL SYSTEMS

Establish systems such as a computerized central information/referral service at the local level; a clearinghouse for information should be organized with a toll-free hot line.

G. RURAL PROVIDERS

Technical meetings of rural providers should be organized.

L. WATCHDOG COMMITTEE

A Governors' Watchdog Committee should be appointed to coordinate information and services for the handicapped.

M. SPINAL CORD INJURY REGISTRY

Establish Spinal Cord Injury registry and require physicians to report statistical data on Spinal Cord Injury to registry.

N. HANDICAPPED OPPORTUNITIES

Increase opportunities for handicapped to work in health professions.

HEC V-9 HEALTH CONCERNS—TREATMENT

How can we integrate the components of health care in order to insure that the treatment needs of clients and patients are being met?

A. OMBUDSMAN

A client advocacy/ombudsman system should be established sponsored by a citizens advisory board to safeguard the rights of the handicapped patients.

B. VISITING NURSES

Visiting nurses should be utilized for rehabilitation, therapy and prevention.

C. INFORMATION/REFERRAL SYSTEM

An information/referral system should be established with a directory of public facilities and health resources for the handicapped.

D. HEALTH INSURANCE

Adequate health insurance coverage should be provided at a reasonable cost, including early detection coverage.

H. MOBILE SPEECH AND PHYSICAL THERAPY

A mobile speech and physical therapy circuit service should be organized for remote areas.

I. UNDERSERVED GEOGRAPHIC AREAS

A study should be conducted to assess the need of underserved geographic areas.

K. EXCLUSIVE AGENCY FUNDING

Exclusive agency funding of a patient should be abolished.

M. CASEWORK

Casework should function as patient advocacy with the state system.

N. COMPREHENSIVE CARE PROGRAM

A model comprehensive care program for one recurring disease should be developed and used as a pilot for extension to other disabilities.

Q. MEDICAL AND REHAB CENTERS

Comprehensive medical and rehabilitation centers should be provided in regional areas.

R. COMPREHENSIVE COMMISSION

A single comprehensive commission of the handicapped should be organized at federal and state levels.

S. TRANSITION CHRONIC CARE FACILITY

A transition chronic care facility between acute care and intermediate rehabilitation facilities should be provided.

T. COORDINATE PUBLIC HEALTH/MEDICINE

Public health services and organized medicine should be coordinated with administration at one source.

HEC V-10 HEALTH CONCERNS—TREATMENT

How do we establish as public policy the right of physically and mentally handicapped individuals to treatment?

A. PUBLIC ACCEPTANCE OF RIGHTS,

Research/investigation on process of public acceptance of rights of handicapped should be sponsored.

B. INTEREST GROUPS

All handicapped interest groups should be formed into one national organization.

C. PUBLIC EDUCATION

The public should be educated on laws regarding handicapped.

D. COST/BENEFIT ANALYSIS

A cost/benefit analysis of treatment should be conducted.

E. LEGISLATE HEALTH CARE

Health care should be legislated as a right of the handicapped.

F. ENFORCEMENT CIVIL RIGHTS

Funds should be made available to develop enforcement procedures for civil rights section, 1973 Rehabilitation Act.

G. TERMINOLOGY

Terminology used to identify helping services should not embarass handicapped.

H. HMO'S

HMO's should be used to maximize care and emphasize prevention.

I. PUBLIC/PRIVATE COORDINATION

Provide funds for coordination between private and government agencies that offer services to the handicapped.

J. NATIONAL HEALTH INSURANCE

Enact National Health Insurance to cover handicapped.

HEC V-11 HEALTH CONCERNS—TREATMENT

How can we remove barriers (environmental, transportation, etc.) to treatment?

A. NEEDS ASSESSMENT STUDY

A needs assessment study by geographic areas should be conducted.

B. RURAL TRANSPORTATION

The federal government should provide rural transportation for the handicapped in rural areas.

C. INDEPENDENT LIVING PROJECTS

Independent living projects, especially on university campuses should be developed.

E. NATIONAL HEALTH INSURANCE

National health insurance should be provided for the disabled regardless of income.

F. INTERSTATE RECIPROCITY

Interstate reciprocity for Medicaid and other health care services for the handicapped should be established.

G. PAPERWORK

Paperwork barriers to agency services should be simplified and reduced.

H. INTERPRETERS

Interpreters should be provided for deaf in health care provided institutions.

I. SEQUENTIAL PACKAGING

Sequential packaging for medicine dosages for visually handicapped should be utilized.

K. REGIONAL REHABILITATION

Comprehensive regional rehabilitation centers based on VA Models should be established.

M. DECENTRALIZATION

Decentralize treatment facilities.

HEC V-12 HEALTH CONCERNS—TREATMENT

How can families be helped to more effectively rear their handicapped children, especially those with sensory disabilities?

A. OUTREACH

Home care outreach services should be provided by professional team.

B. COMMUNITY INTERACTION

Family communication/socialization opportunities should be supported and supplemented via community interaction.

C. HOME/COMMUNICATION INTERCHANGE

Home/communication interchange for sensory handicapped children should be enriched.

HEC V-13 HEALTH CONCERNS—TREATMENT

How can we insure that all persons with significant handicaps are reached, identified, and provided opportunities for treatment?

A. CORRECTIONAL INSTITUTIONS

Mentally ill and retarded persons who are incarcerated in correctional institutions should be given treatment.

B. NEWLY BLIND

Referral of the condition of "newly blind" to mandated services should be expedited.

C. CENTRAL REFERRAL BANK

Reporting of "legally blind" to a central referral bank or registry should be mandated.

HEC V-14 HEALTH CONCERNS—TREATMENT

How can current available knowledge in the field of genetics be applied to a high percentage of the handicapped?

A. GENETIC CONSULTANT

A genetic consultant should be made available for genetic diagnosis in clinics.

EDUCATIONAL CONCERNS

EDC I-1 EDUCATIONAL CONCERNS—PRESCHOOL (0–5 YEARS)

In addition to court and federally mandated "right to education" programs, what additional activities and legislation must be initiated to provide all pre-school handicapped children, from birth to five, with appropriate educational provisions?

A. STATE LEGISLATION/FINANCE: PROGRAMS AND SERVICES

States should mandate public pre-school education and provide incentives for private programs to integrate. They should legislate, develop and finance a range of year-round services and programs for urban and rural handicapped children and families including diagnostic/evaluation/referral, medical, social, transportation, counseling and home visitation services, infant stimulation, parent training, respite care, day care and nursery schools (integrated and non-integrated). States should set and enforce standards for program and teacher certification, ensure that adequate numbers of staff are available and that consultant support is available to all programs; explanation of these mandates and services should be widely available in lay terms.

B. PL 94–142

Congress should extend PL 94–142 downward in age to include 0–5 children and substitute "least restrictive alternative" for the term "mainstreaming." Federal funding should be continued to the States to enforce, implement, monitor and disseminate information regarding 94–142. States should be mandated/authorized to subcontract programs. Efforts should be made to improve public information and support for implementation of 94–142 by 1980.

C. NATIONAL "HIGH RISK"/HANDICAPPED REGISTER

The federal government should establish and maintain a central register of high risk and handicapped individuals. All physicians and all health agencies should be mandated to examine pre-school children for handicapping conditions, and (a) report chronically handicapped children to "high risk" registry and (b) initiate parent counselling.

D. COORDINATION OF IDENTIFICATION/EARLY INTERVENTION

The federal government should mandate a regional system for mass screening for all children 1–4. State public health departments should be designated to coordinate state-wide multi-disciplinary early identification and subsequent service delivery and intervention with SEAs. The federal government should also fund Child Find projects in each state that coordinate efforts with national, state and local census projects.

E. PUBLIC AWARENESS

Communities should develop systematic public and legislative awareness programs including information on needs and services for handicapped pre-school children.

P. COLLABORATION

Federal and state efforts should promote professional and voluntary organization, collaboration and coalition.

Q. CERTIFICATION OF PROFESSIONALS

SEAs should develop certification standards for personnel engaged in educating pre-school handicapped children.

Y. NATIONAL INFORMATION COORDINATION

The federal government should create the National Institute for Handicapping Conditions which would include a complete data bank of all available resources and information affecting the disabled, including Closer Look and CHAMPUS. This would coordinate and publicize funds from government and private sources, distribute and publish information, develop a public relations program through mass media, speakers bureau, and operate a toll free line.

BB. MANDATORY KINDERGARTEN SCREENING

State laws should mandate hearing and vision tests for each child beginning in kindergarten.

EDC I–2 EDUCATIONAL CONCERNS—PRESCHOOL (0–5 YEARS)

In a time of competition for scarce public funds, what innovative approaches can be taken by educators to assure efficient and relatively inexpensive educational intervention for pre-school handicapped children?

A. ASSESSMENT OF SERVICES—PARENTS AND EDUCATORS

Parents, educators and other service providers and public officials should conduct service delivery assessment by using techniques such as management by objective and cost effectiveness measures to guide community planning and policy making.

B. MANDATING PARENT INVOLVEMENT AND SUPPORT SERVICES

Programs serving children 0–5 should be required to build in parent involvement and support services prior to funding approval. PL 94–142 should provide support for parent training and involvement efforts.

C. FEDERAL AND STATE COORDINATION SERVICES

Federal and state agencies should be designated to coordinate all relevant child services. Federal and state legislation should develop regional service, training and diagnostic centers.

D. LEA COORDINATORS

LEAs should establish coordinator positions to assist pre-school handicapped children and their families to identify and schedule needed services through other agencies to avoid duplication and confusion.

F. PREVENTION THROUGH EDUCATION

SEAs should provide "Life Experience" and health education from pre-primary on. Prevention of birth defects and handicaps should be built into the secondary school curriculum.

G. HOME INTERVENTION STRATEGISTS/EARLY INTERVENTION

A program for the training and utilization of home intervention strategists should be developed. Such programs should be coordinated through existing public and private agencies/organizations for children 0–2. Legislation or regulations should be revised to shorten the waiting period for homebound services.

H. RESEARCH

Federal and state funds should support research and dissemination efforts on effective program techniques, models and materials.

I. UTILIZATION OF SENIOR CITIZENS, YOUTHS, VOLUNTEERS

Programs at all levels should utilize the services of older citizens through existing Action programs, youth groups, scouts, churches, and charitable organizations.

J. PARAPROFESSIONALS/MULTIPLY, SEVERELY HANDICAPPED

The federal government should initiate research and development into training programs for paraprofessionals who could work with multiply and severely disabled pre-school handicapped.

K. RADIO/TV TEACHING

Federal and state support should encourage radio and television programming for pre-school handicapped children and home teaching instruction for parents.

M. RURAL LIFE-SKILLS TRAINING

SEAs should implement itinerant life-skills training teams to travel in rural areas to train sensorally impaired pre-school handicapped children. This should be facilitated through state schools for blind and deaf.

N. PURCHASE OF SERVICE SYSTEMS

States should develop purchase of service systems to increase parental options in selecting appropriate programs, services and placements.

O. LIBRARIES

Libraries should carry toys and books especially prepared for pre-school handicapped children.

P. FOSTER CARE/ADOPTION

States and local communities should actively recruit families willing and able to care for homeless handicapped children through foster care or adoption.

Q. TV CAPTIONING

Federal legislation should mandate and provide funds for captioned TV on line 21.

EDC I-3 EDUCATIONAL CONCERNS—PRESCHOOL (0-5 YEARS)

How can the principles of "integration" of the handicapped with non-handicapped be effectively instituted in programs of pre-school educational intervention?

A. TEACHER TRAINING: PROFESSIONAL/PARAPROFESSIONAL

States and universities should collaboratively develop teacher education and in-service materials/courses to assist in developing positive attitudes and skills about integrated situations. Parents and adult handicapped individuals should assist in this effort. States should also provide or identify funds to support hiring and training aides to assist in the classroom.

B. FACILITY MODIFICATION

Federal and state legislation should mandate and provide funds for modification of school facilities to promote accessibility and integration. A percentage of federal and state community development and capital improvement funds should be set aside for such purposes.

C. SEA PLANNING FOR INDIVIDUALIZATION/INTEGRATION

SEAs should develop education and training plans designed to meet individual needs. Public pre-school curricula should be reviewed and revisions made where necessary to facilitate integration. A range of program strategies should be established including transition services leading to gradual integration, special education programs housed in regular education facilities to facilitate social integration, personnel to provide homebound services, "reverse integration"—non-handicapped children integrated into special education programs and fully integrated regular programs.

D. PUBLIC AWARENESS

State and local public awareness campaigns should be initiated to integrate pre-school children and directories should be developed for assisting integration.

E. MANDATE INTEGRATION

Incorporate mandatory integration in all rules, regulations, laws, and licenses required to educate pre-school children.

F. PARENT TRAINING/PARTICIPATION

Schools should develop parent education programs which help parents integrate their handicapped children in schools and community activities. Further, schools should encourage parent participation in all phases of program planning and operation.

I. VOLUNTEERS

States and communities should develop volunteer programs for the purpose of providing assistance in integrated classrooms. Colleges and universities should assist in training these volunteers.

S. FEDERAL INTERVENTION FOR BETTER TEACHERS

HEW should modify guidelines for early intervention programs to upgrade the quality of training for teachers. HEW should monitor training programs and, through The National Institute of Education, support research and development of a screening mechanism/instrument for teacher selection.

V. DIAGNOSTIC SERVICES/PROGRAMS

Federal support should provide diagnostic and assessment centers that offer continuing assessment of needs and programs that meet the needs of children.

EDC I-4 EDUCATIONAL CONCERNS—PRESCHOOL (0-5 YEARS)

Given that there are many adequate models for educating pre-school aged children, how can the provision of services to pre-school handicapped children be rapidly expanded, using these models to insure a high quality of program?

A. FEDERAL/STATE PROGRAM INCENTIVES

Increased federal and state funds should provide programs and personnel to pre-school handicapped children. Federal and state funds should also be provided to private institutions and programs as incentives to integrate programs.

B. PUBLIC INFORMATION: 94-142/RIGHTS/SERVICES

National, state and local educational agencies must conduct an extensive information campaign on all provisions of PL 94-142 and expand programs through exemplary models. States should coordinate an effort to inform parents and professionals of rights, financial assistance, transportation, counseling and related services.

C. OUTREACH ACTIVITIES

Existing models should be given funds to assist other agencies in developing programs.

D. EARLY INTERVENTION PROGRAMS

Federal and state support should establish programs for early intervention such as infant stimulation; parent training and counseling; developmental centers with clinical services, and, when possible, trained parents as staff; diagnostic and placement services should involve parents in the process.

E. REGIONAL SERVICE TEAMS/CLINICS

State and federal governments should establish interdisciplinary teams and resource centers that could provide on-going diagnostic, consultative, training and public information services. Mobile child development clinics could serve rural areas.

F. STUDY NEEDS/SERVICES

SEAs should initiate studies of existing and proposed programs for handicapped pre-school children to effect efficient planning. Parents and handicapped adults should be involved in study design and implementation.

I. INTERAGENCY COORDINATION

Federal and state systems of coordination should be developed for all health, education and welfare programs to improve efficiency and impact.

L. TRAINING PARENT ADVOCATES

State departments of education should initiate state conferences for parents to train in advocacy.

P. INCENTIVE FUNDS

Public funds should provide incentives to teacher training institutions to develop courses in pre-school education and for scholarships and other financial aids to encourage teachers in becoming skilled pre-school teachers of the handicapped.

EDC I-5 EDUCATIONAL CONCERNS—PRESCHOOL (0-5 YEARS)

Knowing that appropriate early education intervention requires the services of a variety of personnel trained in different disciplines, how can interdisciplinary training and teamwork be encouraged and developed through institutions of higher education?

A. MANDATE INTERVENTION/INTERDISCIPLINARY/IN-SERVICE TRAINING

Federal and state laws should mandate coordinated interdisciplinary pre-school intervention programs, the formation of interdisciplinary higher education committees to develop courses for pre-service and in-service training programs, and in-service training for all relevant professionals in areas which include early identification/diagnostic techniques, speech/language, physical development/therapy, emotional development, etc.

B. SEA ROLE TO IMPROVE TEACHING

State Education Agencies should take positive action to improve public school pre-school teaching by (1) providing regular in-service training; (2) encouraging special and regular teachers to change roles periodically; (3) requiring experimental training in university preparation; (4) providing trained paraprofessional and administrative staff in adequate numbers; (5) providing consultants when needed; (6) encouraging cooperative arrangements between LEAs and teacher training institutions for field placement and in-service training; and (7) developing parent/teacher/provider committees to coordinate services.

C. LICENSING/CERTIFICATION STANDARDS

State Education Agencies should establish licensing and certification standards and criteria for pre-school teachers, paraprofessionals and programs with the advice and assistance of higher education institutions and consumer advisory groups. Criteria should include attention to knowledge and skills in general and specific disabilities, multidisciplinary coursework and experiential training. HEW should provide the states with information on the scope of standards and agencies that should be involved in this process.

D. RESEARCH/DEVELOPMENT SUPPORT: TRAINING

Federal funds should support research efforts to develop effective multidisciplinary training models and methods. The Bureau of Education for the Handicapped (USOE) should award and continue incentive grants to universities engaging in interdisciplinary training for work with pre-school handicapped children. A Consortium Board composed of representatives of different disciplines should design the curriculum.

E. CHANGES IN CURRICULUM AND FIELD PLACEMENTS

Colleges/universities should continue and/or implement new courses dealing with special education of preschoolers in areas including affective education, normal/atypical child development, testing, screening, theory, practice, techniques, and evaluation. Classes might involve "experts" from several disciplines to present varying points of view on treatment/service. Internships in education and other fields should enable students to experience more than one discipline. Teachers should be encouraged to observe students in placement settings.

F. TEAM APPROACH TO TEACHING AND SERVICES

Service delivery and local education programs should develop approaches to interdisciplinary "teaming." One member should take primary responsibility for coordinating service delivery to avoid confusion for the client. "Teaming" can include parents and paraprofessionals as well as professionals.

K. PARENTS/HANDICAPPED AS TRAINERS/STAFF

Teacher training programs should involve handicapped persons and parents as trainers to increase exposure of students to home aspects of children with various handicapping conditions. Students should be encouraged to attend parent meetings. Programs should use parents and handicapped as staff.

L. EVALUATION OF TEACHER TRAINING

State commissions on higher education should re-evaluate teacher training programs.

Q. DOUBLE CERTIFICATION

Higher education institutions should develop programs which require double certification: one in a regular education area (elementary or secondary education plus English, math, etc.) and a second in special education.

EDC I–6 EDUCATIONAL CONCERNS—PRESCHOOL (0–5 YEARS)

How can current research results be disseminated to those working directly with pre-school aged handicapped children and their parents?

A. CENTRAL CLEARINGHOUSES

Federal and state agencies should establish clearinghouses at federal, state and regional levels to disseminate research findings to all interested persons involved with pre-school handicapped children. Dissemination outlets should include library loans, newsletters and conferences.

B. CONTINUING EDUCATION

Mandatory continuing education for early childhood program staff at federal, state and local levels should include seminars on current research results.

C. STATE CLEARINGHOUSES

States should take the lead in making an aggressive thrust in public information including newsletters, TV, university training, advocacy conferences, workshops, etc.

D. FEDERAL PROJECTS

Federal projects should place major emphasis on using research findings in planning and implementation phases. Dissemination of project results should be built into the technical and funding packages.

EDC I-7 EDUCATIONAL CONCERNS—PRESCHOOL (0-5 YEARS)

How can we break down the attitudinal barriers which may retard the development of responsive education for preschool handicapped children?

A. INFORMATION COORDINATION

The federal government with state support and participation should establish regional resource centers to coordinate information collection and dissemination efforts to assist parents and advocacy groups in being more effective through written materials, conferences, workshops and telephone counseling and referral. States should further develop public information efforts to provide information emphasizing needs, strengths and positive program results. Information can be disseminated through public education institutions, libraries, media sources, speakers bureaus, home and school associations, and advocacy organizations.

B. TRAINING

Pre- and in-service training should be available to all professional groups who deal with young handicapped children (physicians, teachers, school administrators, psychologists, social workers, etc.) to assist them to work with children and their families. Training should include coursework and internship/practical experience with members of their professions and others actually dealing with children. State education personnel should be informed at annual continuing education conferences about new developments in "rights to education" legislation and guidelines.

C. INTEGRATION

Integration of handicapped children and adults can be accomplished through public and private efforts including: (1) participation by handicapped people in activities that promote visibility; (2) public awareness campaigns; (3) public and private school initiatives to promote school integration; and (4) increased exposure between handicapped and non-handicapped children.

D. OMBUDSMAN

An ombudsman program should be developed to advocate equal educational opportunity for handicapped individuals of all ages. Lobbying efforts should be developed to reach legislators.

E. LEA: PARENT COUNSELING/INFORMATION

LEAs should provide parent counseling and information through schools. Under guidelines from the states, LEAs should develop public information strategies relating to rights, legislation, etc. LEAs should ensure that parents are informed about the rights of their children well before hearings and should have available communication tools such as cassette tapes, interpreters for hearing impaired and foreign persons, Braille booklets, etc. Parents should have the right to request assistance from an advocate if such a service is available. LEAs should, with SEA support, hire a parent coordinator to assist in this process.

F. ATTITUDES RESEARCH

Research efforts should be conducted to study professional, sibling, peer, parent and general public attitudes; and to examine coping mechanisms of handicapped children and adults. States should conduct surveys to assess general population attitudes toward handicapped children. The resulting information should be used as a basis for a general information campaign.

G. FEDERAL PUBLIC INFORMATION ROLE

The federal government should support a variety of efforts designed to promote greater public awareness and acceptance about handicapped individuals including (1) funding television networks to do special programming; (2) encouraging school textbook and materials publishers to more adequately and effectively represent the handicapped; and (3) encouraging professional organizations to disseminate specialized information through written materials, conferences, etc. State and local governments should support these efforts.

H. STATE ADVOCACY OFFICES

States should establish offices for child advocacy to assist in coordination of interest groups and activities; to work for legislation and appropriations pertaining to children and to collect, develop and disseminate public information materials, and to ensure that parents participate in placement decisions.

I. PARENT EDUCATION

Public agencies and private organizations should develop parent education programs to assist parents, particularly parents of severely handicapped children, to accept their situation and to maintain positive attitudes.

K. PARENT ORGANIZATION RECRUITMENT

Parent organizations should actively recruit parents of young handicapped children as members.

EDC I–8 EDUCATIONAL CONCERNS—PRESCHOOL (0–5 YEARS)

How can families cope most effectively with a young severely handicapped child, in a cost-beneficial way?

A. HOME BASED EARLY INTERVENTION

Early intervention services should be provided directly in the home by a primary therapist, backed-up by an interdisciplinary team. These services should be provided to the family as well as the child, must help families cope with the stresses of poverty, must be culturally relevant and must include assertive outreach.

EDC II–1 EDUCATIONAL CONCERNS—SCHOOL AGE (5–21 YEARS)

In addition to court and federally mandated right to education programs, what steps must be taken to implement the "right to education" in state and local settings?

A. FUNDING: FEDERAL, STATE, LOCAL

Federal, state and local governments should appropriate full-funding of programs for the handicapped and fully implement PL 94–142; for financially limited jurisdictions, provide immediate relief funding and funds for on-going model programs; provide a system of funding that pays all costs for the handicapped which exceed the average per pupil cost for a district; match federal funds on a pre-established basis to help insure compliance; put special education funds "out-front" and not rely on LEAs to raise initial reimbursable funds; provide funds to hire a sufficient number of teachers for handicapped children.

B. STATE PUBLIC AWARENESS PROGRAMS

States should be required to initiate and conduct statewide media campaigns to inform the general public of laws, rights, and services for handicapped children; and gaps in compliance, etc. This can be accomplished through (a) State Education Agency workshops in regions of the state informing public on provisions of PL 94-142; (b) development of a central information source (e.g., telephone hotline) regarding all services to the handicapped; (c) utilization of speakers, writing, and all media resources to educate public on programs necessary to fulfill needs of the handicapped.

C. ADVOCACY GROUPS

State offices with toll-free numbers should be established to serve as advocates or ombudsmen for the handicapped. The staff would be responsible for raising public awareness, assuring accountability of services, insuring equal educational opportunities, helping to resolve problems, etc. States should encourage and then work with regional and local advocacy groups of parents and professionals who would insure that services are being provided locally, coordinate information services, and represent parents; federal legislation should direct that states provide child advocates for handicapped children; advocate and advisory groups must have representation from the handicapped population.

D. INCREASE/EXTEND SERVICES

Services to handicapped children must be increased and expanded by providing services for all handicapped children; programming for handicapped children on a full-day basis; increasing services for handicapped youth through the development of independent living centers. States should remove upper age limitations from systems of education for the handicapped; local groups (including parents) must assure provision of specialized equipment needed in programs for handicapped children.

E. INFORMATION FOR PARENTS

A public awareness program must be initiated to inform parents of available programs, facilities, rights of their children to a free public education, due process procedures, etc. This could be accomplished by the following means: (a) publication of a parents' manual; (b) annual state conference sponsored by the State Education Agency and colleges and universities; (c) copies of PL 94-142 and all relevant state laws must be sent by the state to all parents (bi-lingual where appropriate).

F. PROGRAM MONITORING/EVALUATION

HEW and state and local advisory boards should periodically monitor Local Education Agency programs to assure implementation of "right to education" concept and to insure that federal allocations for handicapped, especially under PL 94-142, are spent on handicapped.

G. SCHOOL ACCESSIBILITY

Mandates for renovation of all school buildings that are not accessible to handicapped children must be enforced.

L. TESTING/DIAGNOSIS

Increased diagnostic services are needed to identify and place children who would benefit from special education services. In order to accomplish this (a) State Education Agencies should provide funds for testing children at the local level, and (b) Local Education Agencies must have more access to qualified testing personnel as a regular part of school staffing patterns.

N. INTERMEDIATE EDUCATIONAL UNITS

Intermediate educational units should be established to provide educational services on a regional basis to handicapped children, where appropriate, or to provide support services to those districts which do not have enough handicapped children to adequately provide all services.

P. COMMUNICATIONS/LIFE SKILLS TRAINING

Federal, state and local educational agencies should develop and maintain basic communication courses for those with severe communications disabilities. Universities and institutions in particular should implement more effective teacher training in basic communications and life skills.

Q. CAREER EDUCATION

All handicapped students should have available to them career education information which can lead to marketable skills.

EDC II-2 EDUCATIONAL CONCERNS—SCHOOL AGE (5–21 YEARS)

In a time of competition for scarce public funds, what innovative approaches can be taken by education administrators to assure maximum utilization of all available dollars?

A. COMMUNITY COOPERATION AND PLANNING

Community agencies and institutions should form cooperative and consortium arrangements to expedite delivery of services and to avoid duplications. Such arrangements might include: development of an inventory of services available; cooperative programming among schools, libraries, park departments, recreational agencies, etc.; utilization of some facilities and personnel for handicapped activities during hours of general non-use; providing highly specialized services to public schools under contractual arrangement; and utilizing regional programs.

B. AGENCY COOPERATION

In order to assure efficient utilization of funds, to establish accountability of services, to avoid duplication, and to maximize resources, legislatures should require coordination and cooperation among agencies. The SEA might coordinate such efforts, or a state council might be established for such purposes.

C. IMPLEMENTATION/ENFORCEMENT OF LEGISLATION

Stronger enforcement and implementation of federal and state laws is required, providing funds only when effectively used and withholding funds that are not being utilized properly. States should have adequate staff to evaluate local programs, inform the public of the sources and availability of funds, and the power to cut off funds.

D. STATE COST-BENEFITS

States should thoroughly assess their financial needs, develop cost-effective plans, and compile information on the returns on each dollar invested in the education of the handicapped.

E. SUMMER PROGRAMS

States should enact legislation and provide funds to offer summer programs which are equal to regular school year programs for handicapped students; and include academics, recreation and therapy.

F. IN-SERVICE/PRE-SERVICE TRAINING

Federal and state governments should subsidize in-service and pre-service training programs for regular teachers and students which include more intensive instruction in dealing with handicapped children and require on-the-job training as part of the programs.

J. TRANSPORTATION

Provision must be made for adequate number of vehicles for handicapped students, especially those with devices to accommodate wheelchairs, to facilitate participation in extracurricular activities.

L. HANDBOOKS

The National Science Foundation and National Endowments for the Arts and Humanities should develop and widely distribute concise handbooks on the topic of working with the disabled.

EDC II-3 EDUCATIONAL CONCERNS—SCHOOL AGE (5-21 YEARS)

How can the principles of integration of the handicapped (the "most facilitative environment") be translated into appropriate programs for educating handicapped children in the elementary and secondary schools?

A. IN-SERVICE AND PRE-SERVICE TRAINING

In order to facilitate the integration of handicapped children into the regular classroom, a massive effort should be launched to give basic and continual training and opportunities to all teachers and support staff who will be involved with handicapped children. This should include workshops, conferences, in-service training programs, university coursework, etc. Such efforts include training special educators to support and be resource personnel to the regular classroom teacher; regular education teachers to understand, accept and teach handicapped children; administrators in practices and trends in special education administration, laws, rights, etc.; elementary counselors in working with all children to facilitate integration; physical educators to modify PE curricula for the handicapped; and volunteers and parents to serve as aides and substitutes.

B. INCREASE SUPPORT SERVICES

Increased federal, state and local aid is needed to provide for equipment, special aids and other educational support systems necessary for the integration of handicapped students, for example, readers for the blind, interpreters for the deaf, physical and occupational therapists, and job placement specialists; guidance and counseling services, and transportation services.

C. BARRIER-FREE SCHOOLS/FACILITIES

Schools and related facilities must be made barrier free. This effort can be accomplished or assisted by (a) federal grants to Local Education Agencies to convert existing school buildings which have barriers; (b) educating architects, building contractors, etc. in barrier-free design.

E. INTEGRATION REGULATIONS/GUIDELINES

Regulations/guidelines must be developed regarding the mandatory placement of handicapped children in regular classrooms, the number of children to be mainstreamed into each regular classroom, and the student/teacher ratio in classrooms where handicapped children are mainstreamed.

G. ENFORCEMENT OF PL 94–142

There must be continued federal funding for commitment to, coordination of, and enforcement of PL 94–142, as well as a tightening of legislation, regulations and efforts by the State Education Agencies to enforce the integration aspects of the law.

H. TEACHER CERTIFICATION REQUIREMENTS

Certification requirements in all states should include a provision which requires that all teachers (and administrators) must complete a given number of courses in special education; prior practice experience with handicapped children for all personnel working with handicapped children in the classroom; re-certification be dependent upon a re-evaluation of a teacher's performance with handicapped children.

N. HANDICAPPED TEACHERS IN SCHOOLS

State and federal government should work to recruit handicapped teachers for schools.

Q. ADVISORY COUNCILS

Regional advisory councils, consisting of consumers and providers should be developed with representatives on the state advisory council which would advise the state board of education and the State Education Agency.

S. VOCATIONAL PROGRAMS

Mandated guidelines for inclusion of handicapped in vocational-technical schools should be enforced. Federal government should increase funds allocated to training of handicapped in vocational-technical schools and incorporate career education at all levels of education.

EE. SELF-IMAGE

Educational programs must include self-help skills, development of self-confidence, and self-worth.

EDC II–4 EDUCATIONAL CONCERNS—SCHOOL AGE (5–21 YEARS)

How can we equip local school districts, teachers and other professionals with not only the money but the skills and training necessary to comprehensively educate the severely and/or multiply handicapped school aged child?

A. IN-SERVICE TRAINING

State Education Agencies and universities should work jointly to assess states' training needs, develop model curricula and initiate more intensive and extensive in-service and pre-service training programs utilizing a wide range of state, federal and local resources. In-service efforts would include the following: seminars in the education of severely multi-handicapped children; mandatory in-service programs on a regular basis for all teachers and other personnel to give them knowledge/sensitivity of the severely and multiply handicapped child; in-service programs for administrators in the area of special education geared to emphasize the development of parents, volunteers, and aides; volunteers trained to assist with severely and mentally handicapped children in the schools; interstate agreements to allow students to go outside their states for specialized training when necessary; demonstration sites where personnel may become certified without necessarily obtaining college credit.

B. STATE CERTIFICATION FOR TEACHERS

State certification should require all teachers to have training in handicapping conditions, perhaps with a double certification. Recertification should be dependent on completion of degree or coursework in special education.

C. PRE-SERVICE TRAINING

State Education Agencies and universities should work jointly to assess the states' training needs, develop model curricula and initiate more intensive and extensive in-service and pre-service training programs utilizing a wide range of state, federal and local resources. Pre-service efforts should include the following: establishment of more extensive and intensive teacher training programs; college training programs should include courses in the education of the handicapped for all student teachers; colleges/universities must expand curricula to include more knowledge relating to severely and multiply handicapped children and develop programs in special education and administration; and field experience with handicapped children should be required for teacher training candidates.

D. TEACHER INCENTIVES

Teachers should be released to engage in in-service training, extra pay and hiring preference should be allowed for mainstreaming teachers, and innovative approaches and financial assistance should be given to attract better qualified teachers.

E. FEDERAL MONEY

Federal grants, including Bureau of Education for the Handicapped dollars, should be designated for training, cooperative service delivery arrangements, model demonstration programs, equipment and additional development.

F. COUNSELLING

State Education Agencies should retrain educational counselors and use Division of Vocational Rehabilitation counselors to assist teachers to acquire skills and training necessary to educate severely and/or multiply handicapped children.

H. PARENT INVOLVEMENT

Involvement of parents and parent groups with educators and educational policy makers should be on-going and expanded.

J. REGIONAL PROGRAMS

Assistance should be provided to schools through establishing regional service and training centers for comprehensive services to the Severely Handicapped.

L. TEAMWORK APPROACH

A teamwork approach to teaching utilizing teachers, teacher aides and parents in classrooms should be encouraged.

M. RESOURCE PERSONNEL

All educational agencies should employ resource personnel, including interpreters for the deaf, who can assist students, teachers, administrators and parents in attaining educational programs for handicapped students in each district.

P. RESIDENTIAL SCHOOL ROLE

The current role of residential schools is changing; assessment as to how they might best be utilized to serve unmet needs of severely handicapped is needed.

Q. SCHOOL NURSES

School districts should be encouraged or required to hire certified school nurses according to the number of children enrolled. Incentive funds should be provided as they are for other special and supportive personnel.

T. SIGN LANGUAGE

All special education teachers should be trained in sign language and the use of communication devices for severely and multiply handicapped individuals.

EDC II–5 EDUCATIONAL CONCERNS—SCHOOL AGE (5–21 YEARS)

How can the school provide the handicapped child with the job-related and self-help skills necessary to alleviate a potential problem of later underemployment or unemployment?

A. VOCATIONAL TRAINING PROGRAMS FOR THE HANDICAPPED

All schools, institutions, and programs for the handicapped must provide adequate pre-vocational and vocational training to insure maximum development of students/residents. This can be accomplished by: (a) hiring adequately trained staff to provide such services; (b) introducing prevocational and vocational skills (including career awareness, responsibility, independence, self-discipline, habits and attitudes of the "world of work", on-the-job training, and job sampling) into curricula for handicapped children; (c) establishing career education programs, work-study centers, and occupational facilities which include handicapped children from ages 5–21; (d) making available job counseling, placement, and exposure to different jobs for handicapped students; (e) developing intensive vocational training programs of at least 3 years, and in which the student receives increased on-the-job training during the third year, educational credits, continual technological upgrading and health maintenance services; (f) developing curricula which provide options for handicapped students to obtain increased vocational training opportunities.

B. IN-SERVICE AND PRE-SERVICE TRAINING

Teacher-training programs for special and regular educators should include more work in pre-vocational and vocational skills as they relate to the training and employment of the handicapped, economic and social effects of disabilities, and diagnosis and prescription for career goals. In-service training programs need to be provided to all teachers, vocational educators and school counselors in the area of pre-vocational and vocational education.

C. INCLUSION OF HANDICAPPED IN CURRENTLY AVAILABLE SERVICES/PROGRAMS

Vocational/technical schools and vocational rehabilitation and training programs should be modified to encourage and allow participation by the handicapped. This might be facilitated by (a) making all existing and future career/vocational facilities accessible to the handicapped; (b) providing additional support services, including consultants when necessary, to facilitate and increase services to the handicapped; (c) changing negative attitudes toward handicapped individuals in federal, state and local agencies, must work toward attitudinal changes as first step toward adoption and adaption of programs for training the handicapped; (d) all vocational counselors should be trained to work with the handicapped and to coordinate with VRA; (e) expanding traditional workshops (arts and crafts, home economics, industrial arts) to incorporate training of handicapped; and (f) lowering age eligibility for Vocational Rehabilitation services.

E. VOCATIONAL COUNSELOR ROLE

A vocational counselor should be a member of each handicapped child's placement committee and work with individual education plans; should assist in development of realistic career programs and keep complete records to share with potential employers and should be available to both the handicapped student and his parents.

F. BUSINESS COMMUNITY

Business and industry must be encouraged to develop more aggressive hiring practices where the handicapped are concerned, and to develop more training programs for handicapped persons. This can be facilitated by (a) offering incentive subsidies for private industry to hire the handicapped; (b) approaching business and industry as to appropriate positions for the handicapped and what training schools need to provide to facilitate readiness of handicapped for those positions; (c) involving business and industry in curricula planning, work study programs, awareness seminars, and other classes dealing with the problems of the handicapped; and (d) educating employers as to the advantage of hiring the handicapped.

I. IMPLEMENT EXISTING LEGISLATION

Enforce all existing legislation to provide for needs and expand entrance requirements for vocational training; expand legislation to afford opportunity for vocational and technical training to all students who desire it, regardless of handicapping condition, utilizing more effectively the 10% earmark of vocational education funds for special education; and implement individually developed educational plans for work, as mandated in PL 94-142.

J. ASSESSMENT/TESTING

Handicapped students should receive appropriate preparation for vocational assessment (i.e., language meaning, etc.) and such evaluation should be required by age 15 (or 9th grade). Assessment services should be available to handicapped children throughout their school years; vocational inventory testing programs should be incorporated into existing testing programs; and vocational programs geared to emphasize abilities, not disabilities.

Q. WORK COORDINATORS

State and federal funds should be utilized to generate more positions for personnel who would coordinate between school systems and the business community; State Education Agencies should provide job descriptions, certification and reimbursement for such positions.

S. HANDICAPPED PERSONS IN EDUCATION

A strong commitment to career education should be encouraged through the employment of the handicapped in educational settings.

U. FOLLOW-UP RESEARCH

Job success should be researched and correlated with educational practices to make such practices more efficient.

EDC II–6 EDUCATIONAL CONCERNS—SCHOOL AGE (5–21 YEARS)

How can interdisciplinary services for the comprehensive education of handicapped children in school be encouraged and coordinated?

A. ASSIGN COORDINATION RESPONSIBILITY

Assign responsibility of coordination of and requests for all community services to director of special education in the Local Education Agency and to Chief School Officer for the states.

B. INTERDISCIPLINARY TEAMS

Interdisciplinary teams involved in diagnosis and evaluation should be involved with teachers in development of individual programming.

C. UNIVERSITY TEACHER TRAINING

University teacher training programs should require the taking of coursework on exceptionalities by all "helping profession" majors; develop federally funded university centers to provide consistent interaction between universities and practicing professionals; expose students to handicapping conditions and persons by establishing field based experience and practitioner opportunities; and develop interdisciplinary diagnostic centers.

D. FUNDING FLEXIBILITY

Federal funding mechanisms employed at the state level should be revised to be more flexible so that services can be provided on basis of specific needs and not categorical classification.

E. SERVICES COORDINATION

All agencies serving handicapped children should assist educational agencies in provision of services. A coordinating committee, local or state, with representatives from the various service agencies, should be formed to study needs of handicapped population and recommend ways of assisting in the provision and coordination of services.

F. AGENCY ROLE

The roles and potential contribution of all services in educating handicapped children should be defined and documented.

J. STATE CONFERENCES

State Education Agencies should have semiannual conferences of an interdisciplinary nature to provide information/resources for parents, educators, and school districts.

EDC II–7 EDUCATIONAL CONCERNS—SCHOOL AGE (5–21 YEARS)

How can current research results be disseminated to those working directly with educating handicapped children, parents, teachers, etc.; and what long-range plans are necessary to assure that research efforts are matched with known needs?

A. MANDATED RESEARCH DISSEMINATION

State Education Agencies should mandate and be responsible for in-service workshops in Local Education Agencies and universities to disseminate research findings to parents, parent groups, advisory committees, and adult handicapped; and in demonstrating utilization of research findings.

B. FEDERAL FUNDING

A portion of federal grants for research relating to handicapped should be designated for publishing significant results and dissemination to State Education Agencies and other state organizations that would be directly affected.

C. NATIONAL CLEARINGHOUSE

Establish national computerized clearinghouse to collect all research data, laws and information on services pertaining to handicapped; and disseminate findings to those who have direct contact with the handicapped.

F. UNIVERSITY INVOLVEMENT

Regional research and training centers should be established at universities to conduct research pertinent to the education of the handicapped and provide continuing education to practitioners.

G. REGIONAL RESOURCE CENTERS

Regional Resource Centers should be available at all times to disseminate current research results.

H. NATIONAL RESEARCH COORDINATING AGENCY

Establish national research coordinating agency to determine (from consumers) what research is needed, disseminate grants based on these needs, collect and disseminate validated research results along established networks, and encourage implementation of validated research data by local and intermediate districts.

J. ASSESSMENT/TESTING

Handicapped students should receive appropriate preparation for vocational assessment (i.e., language meaning, etc.) and such evaluation should be required by age 15 (or 9th grade). Assessment services should be available to handicapped children throughout their school years; vocational inventory testing programs should be incorporated into existing testing programs; and vocational programs geared to emphasize abilities, not disabilities.

EDC II-8 EDUCATIONAL CONCERNS—SCHOOL AGE (5-21 YEARS)

How can we break down the attitudinal barriers which may retard the development of educational programs for handicapped children?

A. PUBLIC AWARENESS

State and local education agencies should develop systematic process to inform public about coping aspects of special education, emphasizing parents' rights and producing documents for public utilizing newspaper, radio, TV media, Speaker Bureaus and consultants. The State Educational Agency should provide all local school boards with information regarding legislation relevant to handicapped; stress skills and abilities of handicapped; and make audiovisual materials available through libraries, community groups and PTA meetings, churches, etc.

B. AWARENESS IN SCHOOLS

Schools should develop awareness curricula for all students, informing them of handicapping conditions by having students and teachers observe various handicapping conditions.

C. TEACHER CERTIFICATION REQUIREMENTS

Certification requirements for teachers should include coursework dealing with general information on handicapped individuals, e.g., attitudes, barrier-free design, employment legislation, adaptive aids, importance of early intervention and emotional needs of handicapped.

D. TEXTBOOK INTEGRATION

More pictures and references to handicapped should be included in classroom texts and other books used in schools.

E. HANDICAPPED VISIBILITY

Handicapped should be visible in the community to help general public better understand additional needs and activities required by the handicapped.

F. COMMUNITY ORGANIZATIONS

Encourage organizations (i.e., Boy Scouts) to develop integrated programs to allow participation of handicapped with non-handicapped.

H. FCC AFFIRMATIVE ACTION

The Federal Communications Commission should encourage free public service announcements to develop understanding, eliminate stereotypes and misinformation, and suggest positive action for private citizens, more programming on awareness; and inclusion of handicapped roles on TV.

K. FEDERAL EFFORT

The Bureau of Education for the Handicapped should make public awareness one of its priorities, and federal funds should be available for development of materials for use by all media and agencies.

M. SERVICES TO TEACHERS

Professional counseling and training should be provided to teachers to help them understand problems of handicapped students.

EDC III-1 EDUCATIONAL CONCERNS—POST SCHOOL (21 YEARS PLUS)

What legislation or other resources are needed to provide educational services to handicapped individuals of a postschool age?

A. STATE ASSESSMENT

The states should assess needs for postschool services for handicapped individuals in order to plan effectively for the fulfillment of needs.

B. STATE/LOCAL CLEARINGHOUSE

Federal or state funds should provide vocational clearinghouses for referral and dissemination of information and services for handicapped adults.

C. NATIONAL CENTER OR COMMISSION

The federal government should enact legislation that establishes a National Center or Commission on Continuing Education for the Handicapped that will deal with the needs of the handicapped and which will be empowered to initiate and fund programs.

D. STATE ADULT EDUCATION

The states should develop special Divisions for Adult Handicapped Education within state governments.

E. TRANSPORTATION

Transportation to and from sheltered workshops and other training facilities should be provided.

F. SHELTERED WORKSHOPS

The federal government should establish federally funded and state controlled sheltered workshops in sufficient numbers to serve all handicapped in need of services and employment.

G. LOCAL ADVISORY COMMITTEE FOR PROGRAM EVALUATION

Local education agencies should establish a local advisory committee, composed of consumers, educators, and service providers, to assist in the evaluation of adult education programs.

H. TRANSITIONAL FACILITIES

Transitional facilities should be established to upgrade the skills of prospective postsecondary students and make them capable of meeting the admissions criteria of postsecondary institutions and of achieving independent living skills.

I. VOCATIONAL REHABILITATION AID

Federal or state legislation should provide grants-in-aid to handicapped individuals not now covered by Vocational Rehabilitation Administration criteria to allow them to attend school.

M. TRAIN ADMINISTRATORS/TEACHERS

State education agencies should establish comprehensive training programs in career education of the handicapped for administrators and teachers.

Q. COMMUNITY COLLEGE INCENTIVE GRANTS

States should provide incentive grants to community colleges which set up programs directed toward job training and maximizing personal achievement for handicapped individuals.

R. CITIZEN ADVOCACY AND LOBBYING COALITION

National, state and local organizations concerned with handicapped populations should establish a coalition of interested citizens to advocate and lobby for appropriate services and legislation.

EDC III-2 EDUCATIONAL CONCERNS—POST SCHOOL (21 YEARS PLUS)

In a time of competition for scarce public funds, how can existing dollars and facilities be more efficiently utilized to provide education for handicapped adults?

A. BUSINESS INCENTIVES

Federal law should mandate private business training of handicapped individuals with federal financial incentives to business over a limited period.

B. TOTAL SUPPORT

The federal government should provide funds through Basic Educational Opportunity Grants, The Department of Vocational Rehabilitation, or other agencies to underwrite all costs involved in handicapped persons' postsecondary education, including tuition, transportation, housing, medical care, attendant services, etc.

C. PROGRAM COORDINATION

States should coordinate programs offered through Employment Services and through all other governmental agencies for the education of handicapped people.

D. INFORMATION AND REFERRAL AGENCY

State and local governments should establish local information and referral agencies to provide information on available services, and man such agencies with community volunteers and college/university interns.

E. MANDATED HANDICAPPED QUOTAS

The federal government should set quotas for employment in order to promote more private sector job training of handicapped individuals.

F. OJT/VRA FUNDS

The federal and state governments should re-direct funds from the Vocational Rehabilitation Agencies to on-the-job training programs for mildly handicapped individuals.

G. DEFINITION OF ADULT EDUCATION

Federal policy should set forth a definition of adult education which includes both leisure and work skills.

K. CONTINUUM OF PROGRAMS

Education agencies should establish Vocational Education centers and other outreach programs to extend existing programs and to ensure a continuum of programs.

L. RETIRED PERSONS AND CONSUMERS AS TEACHERS

Local education agencies should organize and utilize retired persons and successful handicapped individuals to help teach job skills to the handicapped.

N. ELIMINATE DVR BIASES

The Department of Vocational Rehabilitation must revise its policies to make funding available to students with non-degree or non-vocationally oriented goals.

Q. MANDATE COORDINATION AND PLANNING

The federal government should enact legislation mandating that any postsecondary educational agency receiving $2,500 or more of federal money must prove that it is engaging in regional planning and coordination for handicapped individuals.

S. FINANCIAL AID EXEMPTION

Federal and state governments should implement legislation to support financial aid to disabled students which is exempt from income taxes.

T. DISABLED EDUCATION OPPORTUNITY GRANT

Develop a Disabled Education Opportunity Grant (DEOG), modeled after the Basic Education Opportunity Grant (BEOG).

EDC III-3 EDUCATIONAL CONCERNS—POST SCHOOL (21 YEARS PLUS)

How can principles of integration of handicapped with non-handicapped individuals be translated into the "most facilitative" educational program for adults?

A. SUPPORT SERVICES

Educational agencies should improve the support services available in postsecondary facilities and provide funds directly to the consumer to retain readers, interpreters, etc.

B. ACCESSIBILITY

State and local governments should ensure that all educational facilities are accessible to handicapped.

C. ONGOING REMEDIAL PROGRAMS

Educational agencies should create remedial programs for adults who need help with reading, writing and independent living skills.

D. LARGE PRINT

State and local governments should require all libraries, public schools, and post-school facilities to provide large-print reference materials.

E. COMMUNITY-BASED COORDINATORS

Educational agencies should establish community-based coordinators to provide information regarding educational programs for the handicapped.

EDC III-4 EDUCATIONAL CONCERNS—POST SCHOOL (21 YEARS PLUS)

How can we provide, through education, the postsecondary handicapped adult with the job-related and self-help skills necessary to alleviate problems of under-employment and unemployment?

A. JOB INTERNSHIP PROGRAMS

States and localities should develop job training/internship programs through such facilities as schools, universities, and developmental centers. The programs should last at least three years and have adequate followup services after job placement.

B. STATE AGENCIES COORDINATION

State agencies should work together to develop joint plans and services (including regional vocational schools and sheltered workshops) for the provision of relevant education for postsecondary handicapped adults.

C. EMPLOYER EDUCATION

Educational agencies should encourage all employers to contact schools that offer trained graduates through public education programs.

D. ADULT EDUCATION INFORMATION

State education agencies should distribute publications through schools and social agencies about available adult education opportunities.

E. COUNSELOR TRAINING

The appropriate public and private agencies should establish and/or expand counselor training programs to include vocational-rehabilitation counselors, parents, teachers, etc.

F. ADVOCACY AGENCIES

States should establish advocacy agencies to train vocational advocates who will be placed in employment locations to prevent discrimination against handicapped employees. The advocates will also provide employers with information about vocational educational programs and show them how to meet the needs of handicapped employees.

G. PSYCHOLOGICAL COUNSELING

Appropriate public and private agencies should provide handicapped adults with psychological counseling, rehabilitation and work skills; the families of the consumers should be included in the counseling program.

I. ADVOCACY AGENCIES

States and localities should create advocacy agencies to provide employers with information about vocational education programs.

K. SUPPORT SERVICES

States should provide public funds for support services for handicapped students at community colleges and state-supported institutions of higher education.

O. REGIONAL RESOURCE CENTERS

State governments should establish regional resource centers throughout their states to promote job-related and self-help skills in the handicapped population.

S. COMMUNITY TRAINERS

Education agencies should utilize trainers from community-wide bases, including handicapped individuals who have succeeded, in job-related training programs for handicapped adults.

W. FEDERAL-STATE GUIDELINES

Federal and state governments should formulate regulations which provide guidelines for postsecondary services to handicapped adults.

EDC III-5 EDUCATIONAL CONCERNS—POST SCHOOL (21 YEARS PLUS)

How can we provide the ongoing educational experiences (continuing education) necessary to assist handicapped adults to achieve self-fulfillment and maximum personal attainment throughout their lives?

A. PUBLIC EDUCATION LEGISLATION

The federal government should enact legislation mandating public education, including speech therapy services, for all handicapped persons from birth to death.

B. REMOVE UPPER AGE LIMIT

The Division of Vocational Rehabilitation and the State Divisions of Special Education should change their policies and regulations so that they can serve handicapped individuals over 21 years of age.

C. SPECIALIZED ASSISTANCE

Education agencies should insure that all continuing education programs offer necessary specialized assistance and support services to handicapped participants enrolled in the programs.

D. NATIONAL CENTER/COMMISSION

The federal government should create a National Commission on the Handicapped and a National Center on Continuing Education to stimulate development and funding of postschool programs.

E. FINANCIAL ASSISTANCE

Funding agencies should provide financial assistance to handicapped students to offset extra costs.

F. REGISTRY OF FACILITIES

State Education Agencies, with the assistance of the Department of Health, Education and Welfare, should develop registries of available post-school educational programs and make them available to handicapped individuals.

H. CONTINUING EDUCATION DIVISION/BEH

The federal government should form a Division of Continuing Education under the Bureau of Education for the Handicapped to develop programs and to coordinate activities at the national, state and local levels.

M. PUBLIC INFORMATION

The federal government should develop a public information campaign to inform handicapped individuals about their rights to higher education.

Q. EXTENSION OF PL 94-142

The federal government should extend the provisions of PL 94-142 (Education for All Handicapped Act) to include institutionalized handicapped adults.

EDC III-6 EDUCATIONAL CONCERNS—POST SCHOOL (21 YEARS PLUS)

How can research answer the needs of the postschool-aged handicapped adult, and how can these research results be made known to those educators who need them?

A. STATE OFFICES FOR HEARING IMPAIRED

States should establish offices to disseminate research information on the hearing impaired of all ages.

B. JOB TRAINING

The federal government should put greater emphasis on the vocational results of training programs.

C. INCREASED FUNDING

The Commissioner of Education should systematically increase funds available to the Research Projects Branch in the Bureau of Education for the Handicapped.

D. PRIORITY MONITORING

The Associate Commissioner of the Bureau of Education for the Handicapped should monitor programs to ensure target priority is maintained.

E. TEACHER TRAINING

The federal government should provide support for research and development needed to develop effective interdisciplinary teacher training methods.

G. CONSUMER INPUT

Governmental agencies and institutions of higher education must seek input to research programs on a continuing basis from handicapped persons and their families.

H. DISSEMINATION OF RESEARCH SOLUTIONS

The President's Committee on Employment of the Handicapped should file all research solutions and resolutions that result from its work with the Educational Research Information Centers system and Closer Look.

I. PARENTING EDUCATION

Governmental agencies and institutions of higher education should institute research programs which address themselves to educating parents of postschool handicapped in the ways their adult offsprings can be helped to become more independent and autonomous.

J. TAX CREDITS FOR INDUSTRY

The federal and state governments should encourage industry to engage in research relating to the training and employment of handicapped postschool adults by use of tax credits.

EDC III-7 EDUCATIONAL CONCERNS—POST SCHOOL (21 YEARS PLUS)

How can we break down the attitudinal barriers which may retard the development of responsive educational programs for handicapped adults?

A. PUBLIC AWARENESS

Public and private agencies should conduct public awareness campaigns supported by tax deductible contributions and/or by public funds. The campaigns could take the form of a "Handicapped Day," on which handicapped persons would fill all major state positions. It might also feature workshops and forums to encourage productive dialogue between employers and handicapped employees.

B. MEDIA

Government and private agencies should expand media campaigns to encompass a larger variety of handicapping conditions and to reach larger audiences.

C. HANDICAPPED EDUCATIONAL PLANNING

Educational agencies should include handicapped individuals in educational planning and policy-making groups.

D. IDENTIFY AND ESTABLISH JOBS

Vocational placement personnel should search for and establish positions for the handicapped within the "mainstream" of the world of work.

F. INDIVIDUALIZED EDUCATION PROGRAMS

Education agencies and teacher training institutions should research and plan education programs based on interest, needs and the enforcement of basic life skills.

G. LOCAL REHABILITATION FACILITIES

Government and private agencies, including State Departments of Education and Social Welfare should develop local rehabilitation facilities for job training at different levels of attainment, and should include consumers and parents in this development.

H. ONGOING PUBLIC ADULT EDUCATION PROGRAMS

The Bureau of Education for the Handicapped should establish and administer ongoing adult public education programs for the handicapped.

K. LEGISLATION FOR LOCAL SERVICES

States should pass legislation mandating that handicapped individuals may receive services in local communities.

L. STATE DEPARTMENTS OF EDUCATION AWARENESS PROGRAMS

State Departments of Education should develop and implement comprehensive public relations programs to acquaint the public with special education.

M. IN-SERVICE TRAINING SESSIONS

State and local school districts should jointly set up and conduct in-service Training Sessions on awareness of the needs and potentials of the handicapped.

N. COMMUNITY-BASED ACTION PLAN

Qualified people in a community should develop and implement an action plan to improve citizen attitudes and create awareness of the needs of the handicapped.

SOCIAL CONCERNS

SOC I-1 SOCIAL CONCERNS—ATTITUDES OF THE GENERAL PUBLIC TOWARD HANDICAPPED INDIVIDUALS

How can the types of social contact between handicapped and non-handicapped individuals which promote greater social acceptance of each by the other, be identified and encouraged?

A. MAINSTREAMING

Federal, state, local and private organizations, schools and agencies should mainstream handicapped children and youth (as encouraged in PL 94-142 and Section 504 of PL 93-112) in programs and activities such as day care centers, recreation, 4-H, Girl/Boy Scouts, etc.

B. PUBLIC EDUCATION CAMPAIGNS

Public and private agencies should fund public education campaigns to promote positive school images and acceptance of handicapped persons by using handicapped individuals in textbooks, public service announcements and as resource persons.

C. ACCESSIBLE FACILITIES

All public meetings should be held in accessible facilities.

D. HANDICAPPED PERSONS SPEAKING OUT

Handicapped persons, together with advocacy groups, should assume more responsibility for intermixing on a social level, eliminating unnecessary dependence on able-bodied persons, and speaking out on issues (perhaps by forming a speaker's bureau).

E. STATE/LOCAL COMMITTEES

The Governors' and Mayors' committees should use the findings of state level White House conferences to establish local committees to deal with problems of handicapped persons and should use "extroverted" handicapped individuals to promote positive social interaction.

F. PCEH/GCEH ROLES

The President's and Governors' committees on employment of the handicapped should conduct mass media campaigns to dispel attitudinal barriers, demonstrate interaction, educate employers and inform handicapped and non-handicapped persons regarding existing laws and rights.

G. PARENTS/CHILDREN EDUCATION

Parents should be educated to allow children to "openly react" to handicapped persons and handicapped persons must learn to respond to children's curiosity in an unselfconscious manner.

I. ADVOCACY OFFICE

Congress should create independent state advocacy offices; these should maintain statewide networks of advocacy offices whose functions include providing assertiveness training for handicapped persons, setting up toll-free lines for consumer inquiries, and awarding mini-grants for special projects in local communities.

L. COMMUNITY ORGANIZATIONS

Community organizations should communicate with and utilize handicapped individuals as members of commissions/boards concerned with handicapped persons to develop strategies for projecting their image as independent contributing members of society.

M. FEDERAL AGENCIES

Federal agencies serving handicapped persons, particularly local offices of HEW funded programs, should solicit more input from handicapped consumers and take a more active role in the enforcement of existing legislation affecting handicapped persons.

Q. TRAINING LAW ENFORCEMENT OFFICERS

Law enforcement officers should be required to receive training in areas such as communicating with the deaf, identification of and dealing with mentally retarded/emotionally disturbed individuals to enable them to effectively respond to handicapped persons.

SOC I-2 SOCIAL CONCERNS—ATTITUDES OF THE GENERAL PUBLIC TOWARD HANDICAPPED INDIVIDUALS

How can the mass media promote positive attitudes toward handicapped persons?

A. PUBLIC EDUCATION PROGRAMS

Media cooperation should be encouraged in conducting public education programs that portray handicapped persons positively and realistically, use disabled persons as actors, develop TV documentaries that are positive, life-like, and depict discrimination faced by handicapped persons in various life situations.

B. FCC REGULATIONS

The Federal Communications Commission should develop and implement appropriate policies and regulations to present handicapped persons realistically and positively, as well as place handicapped persons in influential positions within the FCC in order to establish and enforce these new policies and regulations.

C. "NORMAL" DEPICTION OF HANDICAPPED

The media should depict handicapped persons as "normal" and should include them in TV shows as members of families, in situation comedies, and on talk shows discussing topics other than their handicaps.

D. ADVISORY GROUPS TO MONITOR MEDIA

The Federal government, foundations and voluntary organizations should appoint and fund national, state, and local advisory groups to monitor media presentation of handicapped persons and to increase their visibility, to identify and recommend prohibition of the use of material that portrays the disabled in a detrimental fashion, to provide guidance on how to increase media coverage of handicapped individuals, and to educate media personnel.

E. CLEARINGHOUSES

Federal, state and local governments/organizations should create information clearinghouses on all disabilities to provide information to the media.

G. EMPLOYMENT OF HANDICAPPED PERSONS IN MEDIA INDUSTRY

The media should be encouraged to visibly employ handicapped persons in capacities such as news broadcasting, production and public relations.

H. CAPTIONED FILMS FOR DEAF

The FCC should use its influence to provide captioned films and TV programs for deaf persons.

I. COMMERCIALS

The National Association of Broadcasters should adopt a policy of using handicapped persons in prime-time television commercials.

L. COORDINATING AGENCY

The Federal government should establish a coordinating agency (with a publicity director) in each state whose functions would include serving as a public information center for the disabled, overseeing mass media policy as to the depiction of handicapped persons and sponsoring disability awareness programs.

N. NATIONAL ATTITUDE SURVEYS

The Federal government should conduct national attitude surveys of both handicapped and non-handicapped persons and use the results to implement a mass media education program, including the use of prime-time commercials.

O. REWARD FOR INNOVATIVE PROGRAMMING

A system should be developed that would reward the media for innovative broadcasting or programming that includes disabled persons as program participants or encourages positive attitudes toward them.

P. SECTIONS 503 AND 504

Provisions of sections 503 and 504 of the Rehabilitation Act of 1973 should be applied to the Public Broadcasting System and to privately owned television networks.

Q. USE OF WORD "HANDICAPPED"

People should stop using the word "handicapped" as a noun and use it as an adjective and change the focus of reporting on handicapped persons to identify the individual first and the handicap second.

SOC I-3 SOCIAL CONCERNS—ATTITUDES OF THE GENERAL PUBLIC TOWARD HANDICAPPED INDIVIDUALS

Given that certain persons are opinion leaders, how can their leadership be encouraged to promote positive attitudes toward handicapped individuals?

A. COMPREHENSIVE EDUCATION FOR KEY PROFESSIONALS

A comprehensive course regarding handicapping conditions should be part of the certification of all educators, counselors, physicians and social workers and should include: (1) psychological and medical aspects of various disabilities; (2) family education (how to deal with various disabling conditions and how to develop independence in disabled persons); (3) sex education; and (4) relationship of various disabling conditions to work capabilities.

B. ROLE OF LEADERS

Local, state and national leaders should be more active, through actions and statements in supporting and accepting handicapped persons by appearing with them on TV public service announcements, being featured on special programming with handicapped persons and declaring their support for causes affecting handicapped people.

C. TEACHER TRAINING

All teacher training courses, at elementary and secondary levels, should include adequate survey information in various aspects of disability—an essential step before mainstreaming in schools can be truly effected.

D. GREATER VISIBILITY

Federal, state and local agencies should appoint qualified handicapped persons to high public office and should encourage leaders in business, education, labor and government to visibly commit themselves to increasing the role of the handicapped.

F. NATIONAL ADVOCACY ORGANIZATION

A non-governmental national organization, staffed by handicapped people, should be created to operate as an advocate for the rights of all disabled persons, and to inform the federal government of their problems.

G. FORUMS

Constructive and positive forums should be arranged on all levels to give opinion leaders more opportunities to interact with leading handicapped citizens.

H. HANDICAPPED LEADERS

Handicapped persons in leadership positions should be more widely publicized as examples of success.

J. SEMINARS

HEW should support state and local educational agencies in conducting seminars in every school district to focus on the concerns of handicapped persons.

N. ROLE OF ORGANIZED RELIGION

Within constitutional guidelines, organized religion should take the following steps to promote acceptance of handicapped persons: (1) include information about the needs and rights of individuals with disabilities in religious education programming; (2) provide training for clergy and other pastoral workers on how to effectively counsel handicapped individuals and their families; (3) set good example by removing architectural, social and communication barriers in religious facilities; and (4) sponsor housing and rehabilitation programs for individuals with disabilities.

O. REGISTRY OF DISABLED PROFESSIONALS

The President's and Governors' committees on employment of the handicapped should use their resources to establish a registry of disabled professionals to serve as consultants and speakers.

Q. ANNUAL STATE CONFERENCES

Governors' committees should convene annual conferences of handicapped individuals to discuss their needs and problems.

SOC I–4 SOCIAL CONCERNS—ATTITUDES OF THE GENERAL PUBLIC TOWARD HANDICAPPED INDIVIDUALS

Since attitude formation occurs at an early age, how can positive attitudes toward handicapped persons be encouraged in both handicapped and non-handicapped children who are very young?

A. MAINSTREAMING

Handicapped children should be mainstreamed with non-handicapped children as early as possible in day care centers, schools and recreational activities.

B. CURRICULUM

A curriculum requirement should be created in elementary and secondary schools using handicapped people as resources to teach students about disabling conditions, problems of adjustment to physical and mental disabilities, and social acceptance of handicapped individuals.

C. TEACHER AND COUNSELOR TRAINING

All teacher and counselor training courses, at elementary and secondary levels, should include adequate survey information regarding various aspects of disability as a requirement for certification.

D. COUNSELING PROGRAMS

Counseling programs should be established at a local level for parents of handicapped children, especially pre-schoolers, and should include training and rap sessions.

E. TEXTBOOKS AND CHILDREN'S BOOKS

Children's book and textbook publishers should be encouraged to depict handicapped persons as part of the mainstream of society.

G. SPECIAL COMMUNICATIONS TRAINING

Special communications training (i.e., sign language) should be integrated with language skills during the first years of schooling and offered for credit in secondary and higher level education curricula.

H. NATIONAL AWARENESS PROGRAM

Children should learn proper descriptive terms and other information regarding handicapped persons through a national awareness program.

I. HANDICAPPED TEACHERS

Federally funded loans and scholarships should be established for handicapped persons desiring to teach, and a national listing of available positions should be created for handicapped teacher graduates.

L. OFFICE FOR EDUCATION AND DEVELOPMENT OF THE HANDICAPPED

Offices for education and development of handicapped persons should be created in all school systems to promote equal educational programs, dignity and respect for handicapped individuals, inform students about activities involving handicapped persons and provide sensitivity training for professionals who work with handicapped persons.

Q. ROLE OF HUMAN SERVICES PERSONNEL

Human services personnel should identify, develop and present realistic programs for parents of handicapped children—especially emphasizing methods for developing positive self images and independence.

T. TECHNICAL ASSISTANCE/MAINSTREAMING

A federal program of technical assistance should be established to assist states with special services needed to effectively mainstream severely handicapped children in public schools.

SOC I-5 SOCIAL CONCERNS—ATTITUDES OF THE GENERAL PUBLIC TOWARD HANDICAPPED INDIVIDUALS

What are the research questions which need to be answered to improve attitudes toward handicapped individuals and how should this research be funded?

A. TERMINOLOGY

Conduct research regarding negative terms used to refer to handicapped persons and positive terms designed to promote better self-images and social acceptance.

B. MONITORING PUBLIC ATTITUDES

Federal funds should be appropriated to periodically monitor public attitudes toward handicapped persons, with results and suggested improvements disseminated to service providers, government, voluntary agencies and consumer organizations.

C. MEDIA REPRESENTATION OF HANDICAPPED PERSONS

Studies should be instituted to explore the frequency and manner in which handicapped persons are represented in the media, and recommend mechanisms by which handicapped persons can be presented more positively and realistically.

E. TEACHER TRAINING

Studies should be instituted to explore the most effective methods of training teachers to become effective change agents in the classroom so that positive and accepting attitudes toward handicapped persons can be fostered.

F. ATTITUDES OF CHILDREN

HEW should fund education departments in colleges and universities to conduct studies regarding the attitudes of children toward individuals with handicaps to establish the time and manner in which such attitudes form, identify the most significant influencing agents and determine mechanisms that can create more positive and realistic attitudes.

G. GRANTS TO RESEARCH ATTITUDES

A grant program should be established for students to research attitudes related to persons with various disabling conditions, including limitations placed on handicapped persons in our society.

H. STUDY OF FACTORS

A study should be made of the differences between genetic, nutritional, and environmental factors in causing alcoholism, drug abuse and learning disabilities.

SOC I–6 SOCIAL CONCERNS—ATTITUDES OF THE GENERAL PUBLIC TOWARD HANDICAPPED INDIVIDUALS

How can education, professional training and service-delivery systems be modified or developed to provide effective, viable solutions to the sex and sexuality problems and attitudes faced by disabled persons?

A. INFORMATION DISSEMINATION

Information should be disseminated on the sexuality of handicapped persons by requiring education of professionals (physicians, counselors) regarding sexuality of handicapped individuals; developing community information centers where handicapped persons can get information on sex and sexuality; requiring the staff of community-based agencies dealing with sexual matters (contraception, family planning centers) to have knowledge on the needs of handicapped persons.

SOC II–1 SOCIAL CONCERNS—PSYCHOLOGICAL ADJUSTMENT OF HANDICAPPED INDIVIDUALS AND THEIR FAMILIES

How can adequate counseling and other psychological services best be made available on a continuing basis to handicapped persons and their families?

A. COMPREHENSIVE/COORDINATED SERVICES SYSTEMS

A system of comprehensive, coordinated, continuous psychological, counseling and other support services should be available in all states and territories with federal, state, local and private financing to handicapped individuals and their families. Such services should include peer, group, individual and family counseling; home, residential and respite care; a services coordinator; a toll-free information number; crisis services, follow-up, and centralized resource referral; and other services located in community settings such as schools, hospitals, vocational rehabilitation centers, religious institutions, and mental health and social service agencies.

B. TRAINING PROFESSIONALS/PARAPROFESSIONALS

Public and private resources and efforts should combine to establish a coordinated system of pre-professional, in-service training and continuing education for professionals and paraprofessionals to increase their skill, knowledge and sensitivity to problems and strengths of handicapped individuals and their families. Special attention should be given to increasing the number of counselors available to work with disability groups such as the hearing, sight and language impaired.

C. EXTEND LEGISLATION

Congress should extend P.L. 94-142 (Education for All Handicapped Act) to cover the delivery of psychological and counseling services. Congress and HEW should extend and expand vocational rehabilitation legislation to all states and territories to encourage a focus on individual needs other than vocational; and, for counseling purposes, extend the present 12 month case closing to 24 months.

D. LICENSING/CERTIFICATION STANDARDS

State standards for licensing and certification of professionals and paraprofessionals should require that individuals have knowledge of the handicapped and engage in continuing education activities. Federal guidelines for program certification should require a peer review process.

E. CLEARINGHOUSES

States should establish and maintain centralized and coordinated information and referral systems at state, regional and local levels that list all relevant information about services availability and counselors. Such information should be disseminated without cost to those listed or others in need of information.

F. HANDICAPPED COUNSELORS

State and private universities should recruit handicapped individuals to become counselors.

G. EARLY DETECTION/COUNSELING REFERRAL

Federal, state, local and private actions are needed to focus medical and education systems on early detection and prevention of handicaps, and to refer families of handicapped persons to counseling services.

H. HOSPITAL SERVICES

Hospitals should create positions/offices to coordinate counseling and psychological services and to insure appropriate referrals and services.

I. SMALL/RURAL COMMUNITIES

States should provide counseling and psychological services to handicapped persons and their families residing in small and rural communities by using means such as mobile units or home visitors.

J. PEER COUNSELING

Public and private funds should be used for peer counseling and the exchange of information between and support for centers, clubs, and handicapped and parent groups.

K. PUBLIC EDUCATION/AWARENESS

Public and private efforts should be mobilized to develop public education and information programs to promote realistic positive images of handicapped individuals, to improve public understanding and awareness, and to provide specialized information to lay and professional groups regarding specific disability groups. Hospitals and libraries should be encouraged to stock both general and specialized written and audiovisual materials.

L. COUNTY COORDINATING OFFICES

Counties should establish coordinating offices to insure that psychological and counseling services are provided in their areas.

O. THIRD PARTY PAYMENTS FOR PSYCHOLOGISTS

Congress should certify psychologists as being independent health service providers who should be permitted to receive third party payments from government and insurance programs. If necessary, federal and state insurance programs should be established for counseling services.

KK. TRAINING IN FAMILY MANAGEMENT

State and local governments should establish interdisciplinary, comprehensive training programs in family management for parents and relatives of handicapped individuals. Handicapped individuals should be involved in instruction.

SOC II–2 SOCIAL CONCERNS—PSYCHOLOGICAL ADJUSTMENT OF HANDICAPPED INDIVIDUALS AND THEIR FAMILIES

What actions should be taken to avoid any dehumanizing aspects of institutionalization?

A. COMMUNITY ALTERNATIVES

Federal, state, local and private efforts are needed to develop barrier-free community alternatives that maximize individual independence and expand opportunities for handicapped people to reside in "least restrictive environments." Only after other alternatives are fully explored should a person be institutionalized.

B. STAFF TRAINING

Federal, state and local funds should support in-service and continuing education programs (especially sign language) for employees of institutions to promote empathy and positive behavior and attitudes.

C. LICENSING/ACCREDITATION FACILITIES

State mechanisms should be established to facilitate and monitor the review of facilities for licensing and re-licensing on an unannounced and periodic basis. Accreditation standards should be enforced and violations should result in a withdrawal of public funding.

D. FAMILY ROLE

Public funds should support efforts to enhance the role of the family in the life of institutionalized persons by placing handicapped persons in facilities as close as possible to their families, by providing housing and/or transportation for family visits to the institution and resident visits away from the institution, and by providing family training in the care of handicapped relatives.

E. HOMELIKE QUALITIES

All institutions should be made more homelike, and privacy and a sense of identity should be provided along with opportunities for contacts with members of the opposite sex.

G. MONITOR WELL-BEING/STATUS OF INSTITUTIONALIZED INDIVIDUALS

Periodic follow-up of institutionalized persons should monitor service delivery, need for continuing institutionalization, and reassess realistic goals. Time-limited admissions would insure this process.

K. SIGHT, HEARING AND LANGUAGE IMPAIRED

Institutions should insure that sight, hearing, and language impaired residents have access to professional interpreters at all times; visual warning signals are readily available and apparent; and readers are available.

Q. FAMILY RESOURCE SERVICE PROGRAMS

Public and private resources should support the development of Family Resources Service Programs that include services for temporary residential care, homemaker services, live-in companions, and family training to enable more people to remain with their families.

X. PSEUDO-FAMILY GROUPINGS

Institutions should experiment with developing pseudo-family or family-like groupings.

Y. EDUCATION MAINSTREAMING

Institutionalized children should be mainstreamed into the public education system.

SOC II–3 SOCIAL CONCERNS—PSYCHOLOGICAL ADJUSTMENT OF HANDICAPPED INDIVIDUALS AND THEIR FAMILIES

What psychological and social services are necessary to effect adequate transitions of handicapped individuals from an institution to a community?

A. TRANSITIONAL PROGRAMS

Federal, state, local and private resources should develop transitional programs including the following components: staff attitude training, sensitizing the general public, increasing normalization of institutions, shortening and/or preventing institutionalization, establishing architecturally accessible community living alternatives, and supportive services with counseling through peers and professionals to individuals and their families. Information, referral, and outreach services should be available throughout the states.

B. COMMUNITY AWARENESS/SENSITIZATION

Public and private efforts should be made to encourage media sources, authors and publishing companies to realistically portray handicapped people in various roles and settings to aid in public awareness and sensitization. Special efforts should be made to reach community sectors that directly impact handicapped individuals.

C. CREDENTIALING REQUIREMENTS

Federal, state and local credentialing authorities should require institutions and rehabilitation programs to provide services including academic, social, independent living skills and self-care training, and after-care and follow-up.

D. INDEPENDENT LIVING PREPARATION

Institutions should prepare individuals for community life before they are discharged.

E. EMPLOYMENT/TRAINING

Federal, state, local and private efforts should develop employment opportunities and enforce affirmative action laws for handicapped individuals. Meaningful training for employment should be provided both in institutions and community settings.

F. FOLLOW-UP COORDINATORS

Federal and state funds should support "follow-up" coordinator positions in service agencies. Coordinators would supply services both before and after release from the institution to insure continuity of services and provide support.

K. ADJUSTMENT FUNDS

States should provide short-term financial assistance to individuals during the period in which they adjust to community living.

N. HOME CARE TAX RELIEF

Federal and state income taxes should allow continued deductions for home care attendants and

R. INCREASE PUBLIC FUNDS

Federal and state funds should be increased for both institutions and individuals.

S. EXPAND SSI/HOME CARE

Congress should provide Supplemental Security Income funding for families who want to provide long term care for handicapped persons at home.

T. LEGAL AID

The Comprehensive Education and Training Act and other community funding should support staff for legal aid offices for the handicapped in all states. To the extent possible, handicapped people should be employed to represent handicapped clients and to disseminate information.

SOC II-4 SOCIAL CONCERNS—PSYCHOLOGICAL ADJUSTMENT OF HANDICAPPED INDIVIDUALS AND THEIR FAMILIES

What additions or modifications in professional training programs will lead to improved quality and availability of psychological services for handicapped persons?

A. PRE-PROFESSIONAL TRAINING

Education institutions for training human service providers should include practical experience and course work in disabilities and psychological support techniques, sexual and emotional needs and capacities, special communication needs and community resources.

B. IN-SERVICE TRAINING

Public and private resources should insure that in-service training programs relating to the needs of the disabled and their families are provided for all relevant personnel including teachers, health and mental health providers, and regulatory agency staffs.

C. PROFESSIONAL/PARAPROFESSIONAL TRAINING

Governments at all levels should increase funds for professional and paraprofessional training. Federal funds for graduate programs in clinical psychology should be reestablished to their former level.

E. TRAINING HANDICAPPED COUNSELORS

Professional training institutions should recruit and train more handicapped persons as counselors and rehabilitation service providers.

F. CERTIFICATION/LICENSING

A federal agency should coordinate and oversee human service professional certification and licensing programs as well as education programs and should mandate professional organizations to establish uniform standards for professionals. All professional qualifying examinations should include questions relating to handicapped persons.

G. TEAM TRAINING

Training programs should be designed to encourage interagency teamwork and to encourage pooling of public and private agency resources.

H. HANDICAPPED/FAMILY AS INSTRUCTORS

Handicapped persons and family members should be encouraged to serve as instructors in professional education programs to promote and present their needs.

I. TRAINING MATERIALS

Federal, state, local and private resources should develop specialized and general public information materials relating to human potential, normalization concepts and advantages of community-based residences for use in in-service, pre-service and public education programs.

M. STATE CERTIFICATION

State legislatures should mandate that state certification requirements for psychiatrists and psychologists include psychological adjustment of the handicapped.

N. BRAILLE/SIGN LANGUAGE

Higher education institutions and high schools should offer braille and sign language methods as credit course alternatives to foreign languages.

SOC II–5 SOCIAL CONCERNS—PSYCHOLOGICAL ADJUSTMENT OF HANDICAPPED INDIVIDUALS AND THEIR FAMILIES

How can personnel from all fields (medicine, social work, etc.) be trained to be sensitive to the psychological as well as the physical needs of handicapped persons?

A. PROFESSIONAL/PARAPROFESSIONAL TRAINING

Federal, state, local and private financing should support and promote pre-professional, in-service and continuing education programs for students and members of all helping professions. The content of these training efforts should give attention to attitudinal awareness, sensitivity, interpersonal relations and communications.

B. HANDICAPPED ROLES

Training institutions and service delivery agencies should hire handicapped individuals for roles in curriculum planning, instruction, service delivery and advocacy.

C. CERTIFICATION/LICENSING

Federal guidelines and state licensing and certification laws should require pre-service, in-service and continuing education for all students and professionals in allied medical professions. Requirements should include formal course work and interaction with handicapped individuals.

D. PROFESSIONAL ORGANIZATIONS ROLE

National professional organizations should play an active role in developing standards and criteria for accreditation and licensing of both professional education programs and individuals.

H. PUBLIC AWARENESS

Federal, state and local governments should develop effective public awareness programs to increase knowledge and awareness of both professionals and the general public.

I. TEACHER TRAINING

Federal funds should be provided to increase the number of teachers trained to provide professional level training relating to the needs of the handicapped.

N. FAMILY CENTERED MODEL: TRAINING/SERVICE

Service providing professions should be organized on family centered models that meet the needs of the total family, education of professionals in family dynamics, advocacy for family needs, direct counseling and therapy, and supportive services.

R. HANDICAPPED COURSES

State supported universities should offer courses on the handicapped.

T. AWARENESS/SENSITIVITY TRAINING

Federal and state funds for education should be withheld until all levels of education from kindergarten through professional education have developed course work in awareness/sensitivity training.

SOC II-6 SOCIAL CONCERNS—PSYCHOLOGICAL ADJUSTMENT OF HANDICAPPED INDIVIDUALS AND THEIR FAMILIES

How can handicapped individuals and their families be encouraged to help other handicapped persons and their families with adjustment problems?

A. INFORMATION EXCHANGE/REFERRAL

State, regional and local governments should appoint handicapped and non-handicapped coordinators to monitor programs and volunteer resources, and offer referral information to assist in organizing and publicizing support groups, develop training, and initiate community awareness programs.

B. OUTREACH PROGRAMS

State and local mental health, rehabilitation, health and other agencies should develop outreach programs to encourage self-help and mutual assistance.

C. TRAINING HANDICAPPED AS PARAPROFESSIONALS

Federal, state, local and private resources should develop, establish and support a core of trained paraprofessional handicapped individuals to facilitate mutual support and assistance. Special consideration should be given to training hearing-impaired individuals to work with other hearing-impaired persons.

D. TOLL-FREE PHONES

Federal and state funds should support toll-free telephone numbers to provide information.

F. ASSERTIVENESS TRAINING

Advocacy organizations should provide assertiveness training to assist handicapped individuals to more effectively express their needs individually and as a group.

H. ALLIANCES WITH OTHER GROUPS

Organizations and groups of handicapped persons should ally with other support groups such as Alcohol Anonymous.

SOC II-7 SOCIAL CONCERNS—PSYCHOLOGICAL ADJUSTMENT OF HANDICAPPED INDIVIDUALS AND THEIR FAMILIES

What is necessary for handicapped and non-handicapped individuals to perceive disabled persons as sexual beings?

A. SEX EDUCATION INFORMATION/COUNSELING

Sex education information and counseling should be available for handicapped individuals of all ages and their families through public and private schools, hospitals, and vocational rehabilitation and other agencies.

B. MAINSTREAM HANDICAPPED

Handicapped individuals should be encouraged to participate in education, recreation, and social and other activities with non-handicapped people.

C. PUBLIC AWARENESS/EDUCATION

Public awareness and education efforts that portray handicapped individuals in a variety of roles and social situations, by the media and in books and texts, should be encouraged by public and private actions and funds.

D. TRAINING PROGRAMS

State and local sponsored training programs and workshops dealing with specific and general information about sexuality for handicapped should be available for consumers and their families.

Service providers should receive specific pre- and in-service training relating to specific handicapping conditions and problems of sexual habilitation.

E. PEER COUNSELING

Individual and group peer counseling resources should be available locally to assist persons with sexual problems and concerns.

G. FAMILY PLANNING COUNSELING

State and local family planning agencies should provide counseling to handicapped individuals.

H. COUNSELING FEES

Counseling should be immediately available as needed on a sliding scale basis, or free if a handicapped person is unable to pay the minimum fee.

I. INDEPENDENT LIVING RESIDENCES

Federal, state and private funds should establish independent living residences, with attendant help as needed, to promote good mental health.

SOC II-8 SOCIAL CONCERNS—PSYCHOLOGICAL ADJUSTMENT OF HANDICAPPED INDIVIDUALS AND THEIR FAMILIES

What are the most important research needs in the area of psychological adjustment of disabled individuals and their families?

A. NEEDS/ADJUSTMENT/SELF-IMAGE

Federal, state and local research efforts should focus on in-depth assessment and analysis of needs, psychosocial adjustment, family dynamics, and self-realization of handicapped individuals and their families.

B. TRAINING MATERIALS

Federal, state and local funds should support the development of simple, practical materials describing constructive programs, therapy and survival techniques for dissemination to service providers and consumers.

E. COUNSELING TECHNIQUES EVALUATION

Research at all levels should evaluate the effectiveness of different theoretically-based counseling techniques.

F. BARRIERS TO SERVICE UTILIZATION

Social and private efforts should be made to identify barriers to utilizing community services.

H. CHILD ABUSE

Research should be done to investigate the incidence of child abuse among handicapped children.

I. ADJUSTMENT TO RELOCATION

Research should be supported to determine the adjustment problems associated with relocation of severely disabled individuals; such research should be used to find ways to minimize the risk of trauma and deterioration of adaptive skills that can accompany a movement from home to alternative living arrangement, institution to community, or from one community living arrangement to another.

SOC III-1 SOCIAL CONCERNS—RECREATION

What are the needs of handicapped individuals that should be considered in the design of recreational services?

A. ENSURE ACCESSIBILITY

All public recreation facilities (including open spaces) should be designated/modified to assure accessibility by providing architectural, geographic and transportation guidelines for planners.

B. PROGRAM VARIETY

A wide range of recreation programs should be offered, at little or no cost, to handicapped persons. They should take into account the level of functioning, age and sex of those utilizing the program/facility, and special equipment should be made available as needed.

C. ENFORCE ACCESSIBILITY LAWS

The federal government should establish procedures for the enforcement of existing laws concerning "barrier free" design of all buildings, and further should provide penalties for non-compliance, provide education/information and programs about the laws, and clarify the wording of these laws.

D. ACCESSIBLE TRANSPORTATION

Provide adequate accessible transportation in urban and rural areas for all handicapped persons in order to facilitate their participation in recreation services. Federal funding may be used and possible alternatives include "dial-a-ride" systems, school busses, jitney services and modifications of existing vehicles.

E. NATIONAL ADVISORY GROUP

A National Group of Handicapped Persons should be established to advise appropriate groups about construction of new recreational facilities, modification of existing facilities, and cultural and leisure time activities for handicapped persons.

F. PROGRAM INTEGRATION

In keeping with the concept of "normalization" every effort should be made to integrate handicapped persons into existing recreational programs for able-bodied persons. However, when disabilities preclude participation in programs with the able-bodied, programs should be adapted or specialized to meet individual needs.

G. INFORMATION DISSEMINATION

Private organizations, news media and concerned individuals should be utilized to inform handicapped persons of recreational activities and opportunities available in their local community and wider geographic region. One method of dissemination might be the publishing of a comprehensive directory in braille and/or large print of accessible public, private and commercial buildings and recreational facilities, which would be distributed to service providers and consumers.

H. TRAINING FOR PROFESSIONALS

Training and education about needs of handicapped individuals for full social-recreational participation in community life should be given to all people who have involvement in the provision of facilities and/or services, i.e., architects, engineers, public works officials, physical educators and recreation personnel. Course work should be provided at the university level for existing students and pre-service or in-service training may be provided for people already employed.

I. USE OF FEDERAL AND STATE FUNDS

More state and federal funds should be provided for building recreational centers and for programs which emphasize mainstreaming, adaptive programs and risk-taking.

J. RESOURCE COORDINATION

A central resource center should be established to coordinate information about recreation planning and resource utilization for handicapped persons.

L. PUBLIC SCHOOL ACTIVITIES

The public school system should provide a special program of recreation and sports for handicapped persons when the disability prohibits participation in activities with the able bodied.

M. LEISURE SKILL DEVELOPMENT

All rehabilitation programs should provide opportunities for leisure skill development such as leisure interest evaluation/assessment, leisure education training, school-age counseling, youth and adult leisure education programs, and the dissemination of leisure counseling information to homebound persons.

R. WORKER/CONSUMER COOPERATION

Handicapped persons and those working with handicapped persons need to work together to improve conditions for handicapped individuals.

X. STANDARDIZED EQUIPMENT

Manufacturers of equipment used by handicapped persons should be encouraged to standardize equipment, supplies and repair parts based on state and federal purchasing guidelines.

SOC III-2 SOCIAL
CONCERNS—
RECREATION

What recreational programs or services must be established or modified to provide full recreational opportunities for handicapped individuals?

A. PROGRAM MODIFICATION

All existing recreational programs and facilities should be modified to insure that the needs of handicapped persons are met. Modifications should include mobile recreation units that go to rural areas, programs offered at times insuring maximum participation, adequate staff and minimal cost.

B. ACCESSIBILITY

Standards and guidelines should be designed and disseminated so that all existing and new community and recreational facilities are accessible, and this accessibility should be monitored at the local level.

C. PROGRAM VARIETY

A variety of recreational programs both integrated and those designed especially for handicapped persons should be established and should appeal to all ages; high risk sports, esoteric activities and those using sensory motor skills; provide special activities for the blind and deaf; and incorporate groups of individuals with common interests.

D. FUNDING FOR RECREATION

Federal and state funding should be used to encourage local recreation departments, private and commercial recreation providers, to expand programs or recreation services to handicapped persons, adapt existing facilities, to build new facilities, and to ensure accessibility to all (indoor and outdoor) recreation facilities.

E. COMPETENT PERSONNEL

Therapeutic recreation curricula and coursework specific to the needs of handicapped persons should be expanded at the university level and through in-service training at the local level in preparatory programs for occupations such as architecture, P.E. instruction, engineering and counseling.

F. TRANSPORTATION BARRIERS

More adequate and accessible transportation should be provided in order to facilitate handicapped participation in recreational activities through subsidizing transportation, eradicating existing barriers, and insuring the prevention of new barriers in the areas of facilities and transportation.

H. PUBLIC SCHOOL PROGRAMS

Physical education and appropriate recreation should be required as a part of public education for all handicapped persons. Seed money should be available for integrated programs, but modified activities, emphasizing a positive attitude toward developing "abilities," should be utilized to provide a wide range of recreational programming for all handicapped and non-handicapped persons of all ages in after school hours.

K. RECREATION FUNDING

All public recreation departments should be required to budget an adequate percentage of money to provide recreation activities in which disabled individuals may participate.

N. CAPTIONED TELEVISION

The FCC should require that programs, newscasts and TV movies be captioned for the deaf and broadcast at the same time as non-captioned programs.

Q. INSTITUTIONAL PROGRAMMING

Recreation programs should be provided as an integral part of the rehabilitation process in state/private institutions.

SOC III–3 SOCIAL CONCERNS— RECREATION

How can decision-makers be influenced at the federal, state and local level to give priority to the funding of recreational programs that integrally include handicapped individuals?

A. EDUCATE OFFICIALS

Government officials and bureaucrats should be educated to the recreational needs of handicapped persons by inviting the President, members of Congress, and other governmental officials to participate in recreational activities which have been adapted for use by persons with disabilities; and by maintaining communications with governing representatives when legislation is pending and throughout the year.

B. INCREASE AWARENESS

Public awareness of the need for recreational opportunities for handicapped persons should be increased through workshops and demonstration projects, informational and educational programs, use of TV to show handicapped individuals engaging in normal recreational activities, publicity of successful programs (Theatre of the Deaf), and local newsletters.

C. HANDICAPPED LOBBY

National and state handicapped lobbies composed of professionals and handicapped people should be established to determine budget priorities for recreation programs and to formulate guidelines to insure recreational opportunities for the disabled.

D. GOVERNMENTAL FUNDING

Federal, state and local officials should be influenced to give priority to funding of recreational programs and should consult handicapped individuals in the development of this legislation.

E. INTERAGENCY COUNCILS

Interagency state councils, composed of representatives from state agencies and consumer groups, should plan and promote recreational services for handicapped persons, evaluate recreation departments and enforce regulations to assure compliance with laws.

F. HANDICAPPED REPRESENTATION

All recreation advisory boards should be required to include at least one parent, guardian, or professional knowledgeable about the recreation needs of handicapped citizens.

G. ACCESSIBILITY FUNDING

Federal and state monies should be used to make recreational and entertainment facilities accessible by offering cost incentives to entertainment businesses.

I. INTEGRATED PROGRAMMING

Programs for handicapped persons should be integrated with those for the able-bodied by teaching principles and methods of integration at the college level and restricting programming that does not include handicapped persons through the use of an affirmative action plan.

J. PUBLICIZE ACHIEVEMENTS

Programs for and achievements of handicapped persons should be advertized and publicized.

K. HIRING OF HANDICAPPED

Recreation departments and agencies should be encouraged to publicly endorse the hiring of handicapped persons in recreation positions.

SOC III–4 SOCIAL CONCERNS—RECREATION

How should feasibility studies of developing or adapting recreational facilities for handicapped individuals be encouraged and their results disseminated?

A. DIRECTORY

State and federal grants should be sought to compile and disseminate an accurate list of accessible vacationing areas, health spas, parks, gyms, libraries, and cultural centers.

B. REGIONAL INTEREST GROUPS

Regional interest groups consisting of consumers and providers should be established to analyze and evaluate community needs and resources, and to carry out and make public feasibility studies.

C. CERTIFY KNOWLEDGE

All designers, architects and landscape architects should be required to take an examination which would assess their knowledge of barrier free design and laws at the state and national level relating to barrier free design.

D. GRANTS

State/federal grants should be provided to finance recreational projects concerned with serving the handicapped.

E. ACCESSIBLE FACILITIES

All private and commercial leisure time activity areas and facilities receiving government monies should be accessible and provide programs for all ages and disabilities. Successful adaptation methods could be publicized through trade journals.

G. FUNDS/SMALLER COMMUNITIES

State funds should be provided for a state-wide recreation coordinator, preferably a handicapped person, to assist the smaller communities to design programs and facilities for the disabled.

H. TAX CREDITS

Tax credits should be given to all private agencies which modify recreational facilities to accommodate handicapped persons.

I. ADVISORY COUNCIL

The Division of Vocational Rehabilitation, Parks, and Recreation Departments and private enterprise should coordinate efforts with active advisory councils and disseminate the results through the mass media.

J. DEVELOP INTEREST

Interest should be developed or motivated with agencies and educational centers to conduct more research on recreation for handicapped persons.

K. FEASIBILITY STUDIES

Feasibility studies should be designed for developing or adapting recreational facilities for handicapped individuals.

SOC III-5 SOCIAL CONCERNS—RECREATION

How can career opportunities in the field of recreation be made more available to handicapped persons?

A. RECRUITMENT AND TRAINING

Recruitment and training of handicapped persons, as recreation personnel, should be accelerated through funding and cooperation with universities, rehabilitation services, park departments, state government and the school system.

B. PROMOTE CAREERS

Promote public awareness of the employability of handicapped persons in the field of recreation through the use of mass media, vocational rehabilitation, a campaign through the National Recreation and Park Association, and career information and referral service systems developed by national organizations (NRPA, AAHPER, etc.)

C. HANDICAPPED EMPLOYMENT

The federal government should appoint appropriately trained handicapped persons to provide leadership and direct services in the area of recreation.

D. INCENTIVES

Local and private agencies should be encouraged to employ handicapped persons in the field of recreation through the use of CETA funds and special grant monies.

E. ENFORCE E.O.E.

Equal Opportunity laws and Section 502 of the Rehabilitation Act should be enforced and tougher laws concerning discrimination of handicapped persons in employment should be enacted.

F. COUNSELOR EDUCATION

Counselor education programs should be initiated to increase awareness of opportunities available to handicapped persons in recreation and the arts.

G. REMOVE BARRIERS

Architectural barriers in all recreational areas should be modified or removed.

SOC III–6 SOCIAL CONCERNS—RECREATION

How can the recruitment and training of personnel to work in the area of recreation for handicapped individuals be accelerated?

A. THERAPEUTIC RECREATION EDUCATION

University therapeutic recreation and special education programs should be expanded to meet state continuing education requirements for elementary and secondary physical education instructors, and in-service training opportunities should be increased at the local level.

B. FINANCIAL INCENTIVE

Federally supported financial incentives including federally supplemented salaries should be provided for specialists willing to include a major in recreation for the handicapped in their professional training.

C. EMPLOYMENT OPPORTUNITIES

Local, state, and federal funds should be utilized to provide employment opportunities for handicapped persons.

D. TRAINING RECREATION PERSONNEL

Professionals in related recreation areas should be required to take course work in recreation for ill and handicapped persons and this should be enforced with a penalty for noncompliance.

E. SCHOLARSHIPS

Federal and state governments should award special scholarships to train handicapped and able-bodied recreational therapists.

F. USE OF NON-PROFESSIONALS

People who have diversified backgrounds should be utilized to expand the recreational service.

SOC III–7 SPECIAL CONCERNS—RECREATION

How can the variety of recreational activities for handicapped persons be expanded to include more participation in risk-taking recreational activities such as skin and scuba diving, canoeing, water and snow skiing, back-packing and cave exploring?

A. PROGRAM AVAILABILITY

Local and private facilities should offer high risk activities on an individual basis which could be led by handicapped persons who are proficient in that activity.

B. PUBLIC ORIENTATION

The production and running of TV programs which show handicapped individuals engaging in risk-taking recreational pursuits with able-bodied individuals should be encouraged.

C. PROVIDE DESCRIPTION

Descriptions of special provisions and eligibility for hunters and fishermen with physical disabilities should be included in departmental publications. A study of current laws concerning handicapped involvement in fishing and hunting should be conducted where information is lacking.

D. OVERPROTECTION

Handicapped persons need to overcome the overprotection of families and become as independent as possible. They also need to verbalize their desire to be included in high risk activities.

E. CHANGE INSURANCE REGULATIONS

State insurance regulations should be changed so that risks for liability insurance coverage are spread among all recreational insurers.

F. SAFETY STANDARDS

Safety standards should be developed to preclude the exclusion of handicapped individual's participation in recreational activities. Disabled individuals should be included in task forces involved with the development of safety standards.

I. SPECIAL EQUIPMENT

Through research, special equipment and instruction that would facilitate participation in high-risk activities should be developed.

J. FEDERAL FUNDING

Additional funding should be provided at all levels for training grants, recreational activity consumership and for adaptive equipment, etc.

K. FEDERAL, STATE AND LOCAL PARKS

Federal, state, and local parks, and recreational facilities should be made accessible by means of graphic signs, braille and auditory aids, barrier-free parking, designated trails, frequent rest areas, in-service programs for tour guides, and skilled personnel to instruct the handicapped in recreational skills needed for participation in a particular facility program.

SOC III–8 SOCIAL CONCERNS—RECREATION

How can individualized recreation opportunities be developed for people who have many different types of disabilities?

A. MODIFY FACILITIES

Existing facilities should be modified to accommodate the needs of various disabilities.

B. ORGANIZED ACTIVITIES

Organized social and recreational activities should be provided.

C. IN-SERVICE TRAINING

In-service training for school personnel should be provided.

D. TRANSPORTATION

Transportation arrangements for handicapped persons should be provided.

E. PUBLIC AWARENESS

Public awareness of the recreational needs of handicapped persons should be increased.

F. HANDICAPPED EVALUATION

Handicapped persons should be utilized to evaluate and continue to assess the effectiveness of recreation programs for handicapped individuals.

G. ATHLETIC EVENTS

State and federal agencies and organizations should be established to sponsor competitive athletic events strictly for handicapped persons (wheelchair basketball, etc.)

SOC IV-1 SOCIAL CONCERNS—PARTICIPATION IN CULTURAL ACTIVITIES

How can more opportunities be provided to handicapped individuals for creating and participating in the arts?

A. CULTURAL COUNCILS

All levels of government should legislate funds for cultural councils, staffed by state coordinators, to survey and disseminate information on the needs of the handicapped.

B. RESOURCE CENTERS

Federal and state governments should establish cultural resource centers which offer workshops and experimental art programs whose products can be sold at local markets and fairs.

C. INFORMATION "HOTLINE"

Establish state and local "hotlines" for information regarding cultural programs, transportation, etc.

D. ADMISSION COSTS

Legislate funds at all levels to reduce or subsidize admission costs to cultural activities.

E. TRANSPORTATION

Legislate funds at all levels, to provide transportation to all forms of cultural activities.

F. EXPAND VOCATIONAL REHABILITATION

The Division of Vocational Rehabilitation and their resources should be expanded to include art and cultural rehabilitation for those who cannot be included in the every day work force.

G. HANDICAPPED PLACEMENT PROGRAMS

Handicapped individuals should participate, through cultural organizations and advisory committees, in the planning, implementation and evaluation of cultural programs.

SOC IV-2 SOCIAL CONCERNS—PARTICIPATION IN CULTURAL ACTIVITIES

What actions are necessary to assure that cultural facilities are physically accessible to handicapped individuals?

A. FUNDING

Funds should be legislated at all levels to insure accessibility to cultural facilities and legal measures implemented to insure compliance.

B. 24 HOUR TRANSPORTATION

Federal and state governments should initiate a funded transportation program with a 24 hour availability for cultural programs.

C. LOBBYING

Insist that national organizations and/or professionals lobby for state and local legislation to implement federal statutes concerning accessibility of cultural facilities.

D. INCENTIVES

State and local governments should provide incentives such as grants or tax reliefs for compliance with barrier-free programs.

E. PUBLIC AWARENESS PROGRAMS

Federal, state, local and private agencies and organizations should establish public awareness programs to promote accessibility for cultural facilities to the handicapped.

F. LEGISLATION

Senators should be urged to sponsor legislation to retroactively modify existing facilities.

G. BUILDING CODES

State and local building codes (including fire codes) should be initiated or modified to allow accessibility to cultural facilities, including wheelchair attendants.

H. ACCESSIBILITY

Recreational and cultural facilities should provide sections for handicapped individuals in wheelchairs and their companions.

I. TRANSPORTATION

States and localities should encourage changes in the guidelines of the federally funded transportation program specifically addressing cultural facilities.

K. MANUAL OF ACCESSIBLE FACILITIES

State, local or private agencies or organizations should develop and distribute a manual of local facilities accessible to the handicapped.

L. ARCHITECTURE AND TRANSPORTATION BARRIERS COMPLIANCE BOARD

The Architecture and Transportation Barriers Compliance Board should develop model guidelines for cultural facilities recommending ways they can improve their architectural and program accessibility.

SOC IV-3 SOCIAL CONCERNS—PARTICIPATION IN CULTURAL ACTIVITIES

How can education in the arts for handicapped persons be made more available?

A. LEGISLATION

Officials, at all levels, should draft guidelines and locate funds for cultural educational needs and insist that the arts be taught at all levels of the educational systems, both public and private.

B. LEGISLATION

Federal, state and local levels should fund pilot programs and award grants/scholarships for handicapped individuals pursuing the arts.

C. EDUCATOR AWARENESS

Educational agencies should be cognizant of the needs of the handicapped and should require educators at all levels to be instructed about these needs.

D. LEGISLATION

Public Law 94-142 (Education of the Handicapped Act) should reflect the importance of cultural education for handicapped individuals.

E. EXPANDED FEDERAL LAWS

All federal laws affecting early childhood, elementary, secondary and higher education should include specific provisions for arts activities in the education of handicapped students and for model arts education demonstration projects.

SOC IV-4 SOCIAL CONCERNS—PARTICIPATION IN CULTURAL ACTIVITIES

How can art, music and dance therapy be made more available to disabled individuals?

A. THEATRE GROUPS

State, local and private schools should establish mobile theatre groups composed of handicapped individuals and non-handicapped individuals.

B. MOBILE THEATRE GROUPS

State, local and private organizations should form traveling theater groups to reach institutionalized handicapped individuals.

C. EDUCATOR AWARENESS

State, local and private schools should require all therapists and teachers to be instructed as to specific needs of the handicapped, utilizing methods such as drama and role playing.

D. ACCESSIBILITY LEGISLATION

At the federal, state and private levels funds should be utilized in accordance with section 504 of PL 93-512, Rehabilitation Act Amendments of 1973, which mandates affirmative action for cultural accessibility.

E. ART AND CULTURAL COUNCILS FOR PROVIDING THERAPY/AWARENESS

State and local art and cultural councils should be involved in the provision of therapy and the communication of the needs of therapy to the public.

F. EDUCATIONAL PROGRAMS

Agencies at all levels, (BEH and HEW, etc.) should implement educational programs in order to obtain the public's interest.

G. FEDERAL REHABILITATION LAWS

All federal laws affecting the rehabilitation of handicapped children, youth and adults should include specific provisions for arts therapy activities with rehabilitation programs and for model arts therapy demonstration programs.

SOC IV-5 SOCIAL CONCERNS—PARTICIPATION IN CULTURAL ACTIVITIES

What actions can be taken to provide career opportunities in the arts for handicapped persons?

A. ARTISTS MEET WITH HANDICAPPED

Artists and handicapped individuals should meet at local and private levels.

B. VOCATIONAL REHABILITATION IN THE ARTS

Federal, state and local vocational rehabilitation should provide funds for training of the handicapped and instructors in the arts, with a pre-testing program incorporated as part of this process.

C. COMPLIANCE WITH EXISTING LAWS

Federal, state, local and private agencies should mandate compliance with existing employment laws such as the Vocational Rehabilitation Act of 1973 (PL 93-112) and the Education for All Handicapped Law of 1972.

D. PLACEMENT INFORMATION DISSEMINATION

Handicapped organizations should establish an interaction program in order to disseminate information on existing and potential placement programs.

E. HIRING INCENTIVES

Incentives for hiring the handicapped, such as tax credits or deductions, should be given to employers.

G. AVAILABILITY OF CAREER INFORMATION

The National Endowment for the Arts, the President's Committee on Employment of the Handicapped, high schools, colleges and vocational education centers should develop informational materials, recruiting programs and training courses designed to make handicapped individuals more aware of existing career opportunities in the arts.

SOC IV-6 SOCIAL CONCERNS—PARTICIPATION IN CULTURAL ACTIVITIES

How can decision-makers be influenced at the federal, state and local level to give priority to the funding of cultural programs and activities for handicapped individuals?

A. HANDICAPPED WORK WITH ARTS COUNCILS

Handicapped individuals should work with National Endowment for the Arts, Commission on the Arts, and the Federal Council on the Arts and Humanities seeking to implement a public service campaign as well as to influence legislators.

B. AWARENESS

Federal, state and local level awareness campaigns should be initiated and should include letters/petitions to legislators and a registry of all handicapped constituents.

C. HANDICAPPED JOIN POLITICALLY COERCIVE GROUPS

Handicapped individuals should join national, state and local groups, such as the League of Women Voters, which have political impact and can make their needs known.

E. FEDERAL CONTINUING ACTION DEPARTMENT

A Federal Continuing Action Department should be established as an outgrowth of the White House Conference on Handicapped Individuals.

F. ARTS AWARENESS CAMPAIGN

National arts organizations, collaborating with national organizations serving handicapped people, should establish a nationwide arts awareness campaign directed specifically at handicapped people, which would result in increased handicapped participation in the arts.

SOC IV-7 SOCIAL CONCERNS—PARTICIPATION IN CULTURAL ACTIVITIES

How can we increase cultural opportunities for handicapped individuals confined to their homes, nursing homes or centers?

A. INTERPRETING/CAPTIONING FOR THE DEAF

The National Public Broadcasting System needs to have more cultural programming, plays and movies with interpreters for the deaf or subtitles.

B. TALKING BOOK PROGRAM

The Talking Book Program should be upgraded so that more classics as well as recent best sellers are available to the visually impaired.

C. ARTIST CLEARINGHOUSE

A central clearinghouse should be established that maintains lists of entertainers, artists, etc. willing to donate their services at institutions or centers where handicapped persons are confined.

SOC V-1 SOCIAL CONCERNS—ARCHITECTURAL ACCESSIBILITY

What additional legislation is needed at the Federal, State, and local level to increase architectural accessibility?

A. STATE AND LOCAL BUILDING CODES

Each State should enact a statewide accessibility building code and communities should amend local building codes and ordinances to mandate architectural accessibility.

B. MORE SPECIFIC ACCESSIBILITY LEGISLATION

At the Federal, State, and local level, additional legislation is needed to strengthen existing architectural barriers laws by making them more specific regarding accessibility criteria, and by providing strict enforcement procedures, including more severe penalties and fines for non-compliance.

C. UNIFORM ACCESSIBILITY SPECIFICATIONS

Architectural accessibility specifications and criteria should be uniform nationwide, whether in building codes or standards.

D. DEFINITION OF PUBLIC BUILDING

All architectural barriers legislation should be expanded in coverage by changing the definition of "public building" from that which is publicly funded to that which is intended for public use.

E. MANDATE PUBLIC BUILDING ACCESSIBILITY

Federal and State legislation should guarantee that all public buildings are accessible, whether new construction or existing structures; the legislation should stipulate a timetable for making older buildings accessible.

F. ADOPT THE AMERICAN NATIONAL STANDARD

All levels of government should adopt the accessibility standard of the American National Standards Institute (ANSI) in all legislation and codes. When the ANSI standard is revised, it should automatically be incorporated into existing legislation and codes.

K. FEDERAL COORDINATION

All Federal agencies which have responsibility for promoting an accessible environment should be required to coordinate their activities.

L. NO FUNDS IF NON-COMPLIANT

Accessibility legislation should contain clear-cut language that public funds will be cut-off for non-compliance with accessibility requirements.

M. ACCESSIBILITY AS A CIVIL RIGHT

Legislation should specifically identify architectural accessibility to handicapped persons as a civil right.

O. OCCUPATIONAL SAFETY AND HEALTH STANDARDS

The Federal Occupational Safety and Health Administration should include accessibility requirements as well as safety and health requirements in its standards.

SOC V-2 SOCIAL CONCERNS—ARCHITECTURAL ACCESSIBILITY

What can be done to more effectively implement and enforce existing architectural accessibility requirements (laws, standards, codes, etc.)?

A. STATE COMPLIANCE BOARDS

Each State should establish a State accessibility compliance board or enforcement agency with adequate funding and disabled consumer participation for the purpose of approving or disapproving all plans for public-use buildings, enforcing existing architectural accessibility laws, disseminating information, granting waivers, and investigating citizen complaints of violations.

B. IMPROVED ENFORCEMENT PROCEDURES AND PERSONNEL

At all levels of government, more adequate enforcement procedures and more and better trained inspection personnel are needed to assure strict compliance with architectural accessibility laws, including surveys to assess the extent of compliance in urban and rural areas, and an adequate legal staff to carry out enforcement responsibilities.

C. MORE EFFECTIVE FEDERAL COMPLIANCE BOARD

At the Federal level, there should be a more effective Architectural and Transportation Barriers Compliance Board (ATBCB) which includes consumer membership on the board; funding and staff to do surveys, field inspections and review plans; and a well publicized complaint procedure to handle charges of non-compliance.

D. LOCAL COMPLIANCE BOARD

An accessibility compliance board, agency, or other enforcement mechanism, with disabled consumer membership, needs to be established at the local level to assure compliance with accessibility laws and codes.

E. LOCAL METHODS TO ENFORCE

Enforcement procedures relating to architectural barriers laws should be strengthened: through the issuance of building permits only after building plans have been reviewed for accessibility; through forfeiture of performance bonds for non-compliance; through prior certification of design plans; through issuance of certificates of occupancy contingent on accessibility; and through builder licensing provisions.

F. GOVERNMENT BUILDING ACCESSIBILITY

Federal, State and local governments should take the lead in making all their own buildings and facilities accessible, particularly those buildings where public hearings, meetings and conferences are held.

G. WATCHDOG COMMITTEES

"Watchdog Committees" composed of disabled consumers should monitor those agencies administering architectural accessibility laws to assure proper administration and enforcement of these laws.

I. INDEPENDENT FEDERAL COMPLIANCE BOARD

The membership of the Federal Architectural and Transportation Barriers Compliance Board should be changed to include consumer representation on the Board and its interdepartmental status changed to that of an independent agency with broad jurisdiction and access to all Federal agencies.

SOC V-3 SOCIAL CONCERNS—ARCHITECTURAL ACCESSIBILITY

What can handicapped individuals do to increase architectural accessibility?

A. ENFORCEMENT

Handicapped individuals should become involved in the enforcement and implementation of architectural accessibility laws and codes by serving on compliance boards.

B. ADVOCACY/COALITION GROUPS

Disabled persons should form or strengthen advocacy or coalition groups to pressure planners, architects, contractors and others to ensure architectural accessibility.

C. POLITICAL ACTION

Handicapped citizens should take necessary political action to further architectural accessibility, including lobbying for needed legislation, forming leagues of handicapped voters, and pressuring State and local officials to mandate accessible structures.

D. PUBLIC EDUCATION PROGRAMS

Disabled individuals should prepare educational programs and awareness campaigns to educate and inform the building and design community, government officials, businesspersons, and the general public regarding architectural accessibility.

G. PARTICIPATE VISIBLY IN COMMUNITY LIFE

Disabled consumers should participate visibly in the life of their community including joining local clubs and organizations, thereby influencing the policies and programs of such groups.

H. DESIGN CRITERIA DEVELOPMENT AND TESTING

Persons with all types of disabilities should be included in all phases of the development and testing of design criteria relating to architectural accessibility.

J. LEGAL RIGHTS

Disabled persons should become more aware of their legal rights regarding accessibility and file lawsuits, when necessary, to press these rights.

K. DEVELOPING LEGISLATION

Persons with disabling conditions should be involved in the development of architectural accessibility legislation at the Federal, State, and local level.

SOC V-4 SOCIAL CONCERNS—ARCHITECTURAL ACCESSIBILITY

What cost incentives can be used to encourage removal of architectural barriers or construction of barrier-free buildings and facilities?

A. FEDERAL GRANTS

The Federal government should provide grants for modifying existing or constructing new accessible buildings and facilities.

B. FEDERAL TAX INCENTIVES

The Federal government should provide tax incentives for new barrier-free construction and the Internal Revenue Service should make the public aware of the 1976 tax reform amendments, which permit a tax deduction for business owners who remove barriers to property used in a trade or business ($25,000 maximum deduction per taxpayer in any taxable year).

C. STATE AND LOCAL TAX INCENTIVES

States and communities with an income tax should provide tax incentives to taxpayers who renovate or build accessible buildings and facilities.

E. FEDERAL LOANS

The Federal government should make low interest loans available for the purpose of removing architectural barriers or building accessible structures.

F. STUDY VALUE OF COST INCENTIVES

Studies should be undertaken to measure the value of providing tax incentives and public grants for removal of architectural barriers and construction of accessible buildings and facilities.

G. PROPERTY ASSESSMENTS

Property taxes for private businesses should not be increased when modifications are made to improve accessibility, even though these improvements increase the value of the property.

H. TAX-EXEMPT ORGANIZATIONS

Tax exempt organizations, which cannot benefit from tax incentives, need some sort of incentive to encourage them to make their facilities accessible.

J. FEDERAL PUBLIC WORKS PROGRAM FUNDS

Federal public works programs should give priority to projects relating to barrier removal.

M. PRIVATE LENDING INSTITUTIONS

Private lending institutions should be encouraged to require barrier-free design as a prerequisite for obtaining new construction loans, and to loan money at a lower interest rate when it is used for barrier-free renovation.

SOC V–5 SOCIAL CONCERNS—ARCHITECTURAL ACCESSIBILITY

How can architects, planners, legislators and other decision-makers be encouraged to aggressively pursue problems of inaccessibility?

A. DESIGN PROFESSION COURSES AND CERTIFICATION

Schools of design (e.g., schools of architecture) should require intensive courses on designing for accessibility, and all certification examinations required for design professional licensing should include test questions on accessibility.

B. EDUCATE DECISION-MAKERS, DESIGN AND BUILDING COMMUNITY

Continuing education courses for design professionals (e.g., architects) and special instruction for contractors, business owners, legislators, and other decision-makers should be provided to ensure familiarity with design needs of handicapped persons, legal requirements, and standards for building accessibility.

C. ACCESSIBILITY HANDBOOK

Federal, state and local governments should compile and widely disseminate handbooks containing architectural accessibility laws, regulations, codes, standards and general information on accessibility. Handbooks should be distributed to design professionals (such as architects), building community professionals (such as contractors), and government officials (such as building inspectors).

D. COST BENEFIT DATA

Cost benefit data should be developed and used widely to convince building owners, policymakers, and others of the advantages of adapting existing structures and building new facilities that are accessible.

E. AWARDS

Awards programs should be inaugurated to commend architects, builders, owners, and others for designing and building accessible facilities.

F. LABOR UNIONS

Labor union officials should be encouraged to support accessible work places when negotiating union contracts for their members.

SOC V-6 SOCIAL CONCERNS—ARCHITECTURAL ACCESSIBILITY

How can the misuse of the international symbol of access be prevented?

A. AN AUTHORITY TO CERTIFY

An established authority should have responsibility within each state for certifying correct use of the international symbol according to criteria clearly understood by individual building owners and managers. This authority should have an enforcement mechanism to control the display of the symbol.

B. UNIFORM NATIONAL CRITERIA

There should be uniform nationwide criteria established for the correct use of the international symbol, such as the accessibility standard of the American National Standards Institute (ANSI Standard).

C. CODING FOR DEGREES OF ACCESSIBILITY

Because buildings may have various degrees of accessibility, some method should be developed to code the symbol so that handicapped persons may know how accessible a certain building is.

D. PUBLIC AWARENESS CAMPAIGN

A massive publicity campaign needs to be waged to inform the general public regarding the correct use and meaning of the symbol of access.

E. YELLOW PAGE ADS

Local businesses with accessible facilities should be encouraged to include the symbol of access in their display ads in the yellow pages of the telephone book.

G. CRITERIA FOR EVALUATION

When clear, concise criteria are established for the correct use of the international symbol, the criteria should be widely disseminated so business owners and managers can evaluate their own use of the symbol.

SOC V-7 SOCIAL CONCERNS—ARCHITECTURAL ACCESSIBILITY

What actions can be taken to encourage accessible housing for handicapped persons?

A. RESIDENTIAL ACCESSIBILITY STANDARDS IN BUILDING CODES

Legislation is required to insure that standards requiring accessibility in residential structures, including rental housing and mobile homes, are incorporated in local and State building codes, and the granting of certificates of occupancy should be contingent upon conformance with these codes.

B. FEDERAL MONETARY INCENTIVES

The Federal government should provide monetary incentives for constructing or modifying housing to make it accessible by providing loans, grants, and tax incentives.

D. ACCESSIBLE MULTI-FAMILY HOUSING

A percentage of all publicly funded multi-family housing units should be required to be accessible.

E. INCREASE AWARENESS

Awareness of the general public and those responsible for the design and construction of housing must be increased regarding the need for accessible housing.

F. GOVERNMENT INSURED MORTGAGES

Accessibility standards should be developed for residential structures, and these standards should be incorporated into the construction loan specifications of the Federal Housing Administration (FHA) and Veterans Administration (VA) so that lending institutions would be forced to reject applications for FHA or VA insured mortgages when the housing is not accessible.

G. HOUSING REFERRAL SERVICE

In every community, a central information service should list accessible housing that is on the market.

H. PROPERTY TAX ASSESSMENTS

Local property taxes should not be increased when home improvements are made for the purpose of eliminating housing barriers, even though these improvements increase the value of the home.

J. COST AND CAMOUFLAGING OF ACCESSIBILITY

Architects should design accessible housing so that there is no increase in building costs and in such a way so that accessibility features are not obvious as special features and conform with good design practice.

K. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

The Department of Housing and Urban Development (HUD) should promote and increase funds for the building of accessible housing.

L. ADAPTABLE HOUSING

Rather than construct a percentage of housing units with accessible features, all housing funded by the Department of Housing and Urban Development should be adaptable so that it can be quickly and inexpensively modified to make it accessible when the need arises.

M. SEPARATE ELDERLY AND HANDICAPPED HOUSING

National housing policy should cease the practice of legally requiring elderly tenants and handicapped tenants to reside in the same publicly sponsored housing projects.

O. CHOICE OF STYLES OF ACCESSIBLE HOUSING

A variety of architectural plans should be developed by design professionals to provide disabled consumers with choices in accessible housing.

P. "SEAL OF APPROVAL" FOR PRODUCTS AND APPLIANCES

Building products and household appliances which are intended for use by handicapped persons should be specially labeled with a "seal of approval."

SOC V-8 SOCIAL CONCERNS— ARCHITECTURAL ACCESSIBILITY

How can the mass media positively influence the construction or modification of buildings or facilities which are architecturally accessible?

A. UTILIZATION OF MEDIA

Disabled consumers and advocates should better utilize the media on a continuing basis to make the public aware of accessibility needs by arranging for media coverage of noteworthy events, encouraging feature stories, promoting educational and commercial TV presentations, and writing letters to the editor.

B. ACCESSIBILITY IS NEWSWORTHY

Announcements concerning efforts to remove barriers and reports of accessible construction and modifications are newsworthy items in any community and should be covered by the mass media as important news happenings.

C. PUBLIC SERVICE ANNOUNCEMENTS

Government and private agencies, with the cooperation of the Advertising Council of America, should develop public service announcements to increase public awareness of accessibility and the Federal Communications Commission should see that broadcasters give adequate radio and television time to them.

D. NATIONWIDE INFORMATION CAMPAIGN

An intensive nationwide public information campaign on architectural accessibility should be conducted with funding provided by the Federal government and with assistance in gaining television time provided by the Federal Communications Commission.

E. COMMERCIAL ADVERTISING OF ACCESSIBILITY

Owners of businesses should be encouraged to advertise their accessible premises, particularly in their commercial ads in newspapers, telephone books, etc.

F. CONSUMER NEWS COLUMN

Newspapers should be encouraged to print a column to answer questions and investigate complaints of handicapped consumers as well as publicize items of interest regarding accessibility.

G. ACCURATE PORTRAYAL OF DISABLED PERSONS

The nation's mass media should portray handicapped persons in normal situations, whether in commercials, printed ads or television programs, so that disabled persons can gain acceptance by the general public and thereby make the public more sensitive to their needs.

SOC V-9 SOCIAL CONCERNS— ARCHITECTURAL ACCESSIBILITY

What can be done to inform and educate the general public as well as decision-makers regarding accessibility?

A. PUBLIC AWARENESS PROGRAMS

Public awareness programs should be conducted at the National and State level to convince the general public to accept accessible architecture as normal architectural style, rather than as specialized architecture for handicapped individuals.

B. LOCAL AWARENESS DAY ACTIVITIES

Handicapped consumers and advocates should arrange local awareness day activities to make the problems of inaccessibility more visible to the public. Such activities should involve decision-makers, design students and others in experiencing the frustration of barriers. Public funding may be necessary to help support such efforts.

C. NATIONAL, STATE AND LOCAL CLEARINGHOUSES

A national clearinghouse should be established to collect and disseminate information on barrier-free design. The President's Committee on Employment of the Handicapped could assume this function at the national level, the Governors' Committees on Employment of the Handicapped could serve as statewide clearinghouses, and Mayors' Committees on Employment of the Handicapped could form information centers at the local level.

D. STATES TO INFORM, EDUCATE AND ADVOCATE

Each state should be responsible for providing information on accessible public buildings and facilities, educating the general public, design professionals, building community, and media about accessibility and acting as advocate for handicapped persons to encourage barrier-free design.

E. ACCESS GUIDES

Accessibility (access) guides for handicapped individuals should be prepared for cities, including special facilities, with consumers involved in the preparation and with some public funding provided for publication costs.

G. EDUCATE CHILDREN REGARDING ACCESSIBILITY

Children at the elementary and secondary school level should be educated regarding accessibility and other needs of handicapped persons.

SOC V–10 SOCIAL CONCERNS—ARCHITECTURAL ACCESSIBILITY

What additional or amended criteria are necessary to make accessibility standards and codes more accommodating?

A. ACCESSIBILITY FOR THE SENSORY IMPAIRED

In developing accessibility standards, increased attention should be given to those persons with sensory impairments; for example, all elevators should have raised characters on control panels, teletypewriting equipment should be placed in all tax-supported buildings, and clear and appropriate signs should be located in all publicly-used facilities.

B. CROSSWALKS

All crosswalks at intersections should have ramps or curb cuts, with textured surfaces to alert blind persons and increase slip resistance.

C. VOTING PLACES

Voting places should be required to be accessible.

D. GUEST ROOMS

A certain percentage of guest rooms in hotels, motels, etc., should be made accessible.

F. SPECIAL SEATING

Special seating spaces and arrangements for those in wheelchairs should be provided in theatres, auditoriums, stadiums, etc.

G. STANDARDS FOR ALL ITEMS IN A BUILDING

Every facility, appliance, machine and piece of equipment in a public building that a handicapped consumer might use should be included in accessibility standards.

H. COORDINATE ACCESSIBLE ARCHITECTURE WITH EXTERIOR SITE DESIGN

Accessible architecture should be coordinated with exterior site design so that paths of travel to and from public buildings are accessible.

K. UNISEX RESTROOMS

There should be unisex restrooms, in addition to the standard male and female restrooms, for those who need assistance of a spouse, a friend or attendant of the opposite sex.

L. PHONE BOOTHS

Phone booths should be made accessible.

SOC V-11 SOCIAL CONCERNS— ARCHITECTURAL ACCESSIBILITY

What precautions should be included in design criteria to assure that life safety considerations for handicapped individuals are taken into account?

A. COORDINATE DESIGN AND LIFE SAFETY CRITERIA

Design criteria for handicapped individuals should be coordinated with life safety criteria so that the safety of handicapped consumers will be assured in cases of emergency, through such provisions as fireproof refuge areas in buildings, fire and smokeproof elevators to be used for emergency evacuation, and flashing alarm systems for deaf individuals.

B. STANDARDS FOR MODIFICATION OF OLDER BUILDINGS

Additional standards need to be developed for modifying older buildings and for seeking realistic and safe standards for such products as wheelchair lifts and stair climbing lifts in older buildings, where more flexibility in code requirements may be reasonable.

C. SYMBOLS FOR EMERGENCIES

Symbols should be placed in public areas (camp sites, motels, hotels, etc.) used by handicapped persons so that in cases of emergency or rescue situations, others will know that a disabled person may be in the area.

D. STANDARD FOR EMERGENCY SITUATIONS

The National Fire Protection Association should develop a standard for the safe use of buildings to protect handicapped persons in emergency situations.

E. FIRE DEPARTMENT INSPECTIONS

Fire department inspectors should make sure that handicapped persons have access to emergency evacuation exits in buildings.

SOC VI-1 SOCIAL CONCERNS— TRANSPORTATION ACCESSIBILITY

How can total accessibility for all handicapped individuals to publicly used transportation vehicles, terminals and services be effected?

A. ACCESSIBLE VEHICLES

All vehicles used to serve the public (e.g., inter and intra city buses, taxis, subway cars, planes, trains, trolleys and ferry boats) should be accessible to all handicapped individuals.

B. ACCESSIBLE TERMINALS

All transportation terminals and related facilities (e.g., bus stops) should be fully accessible to all disabled persons.

C. EXPAND SERVICE RANGE

Transit operators should expand their services to ensure that accessible transportation is available to disabled persons in urban, suburban and rural areas.

D. ACCESSIBLE SCHOOL TRANSPORTATION

School transportation systems should be accessible.

E. EQUIVALENT SERVICE

All segments of a transportation system which includes more than one mode of transit (e.g., buses and a subway) should be accessible to the extent necessary to ensure the same adequacy of service for handicapped individuals as for non-disabled persons. This includes paratransit (door-to-door) services which are a necessary adjunct to a fully integrated accessible transit system.

G. ACCESSIBILITY CONVERSION PLAN

Public transportation systems should develop a plan for conversion to accessible services that covers necessary modifications of vehicles and facilities and new vehicle purchases and terminal construction. Such a plan should be developed by a local committee which is composed of at least 51 percent disabled consumers.

SOC VI–2 SOCIAL CONCERNS—TRANSPORTATION ACCESSIBILITY

What cost incentives can be used to encourage fully accessible public transportation and paratransit for handicapped persons?

A. FEDERAL FUNDING

Increased federal funding must be provided for the purchase and operation of accessible public and private transit vehicles.

B. STATE AND LOCAL FUNDING

State and local governments should assume more responsibility for funding the purchase and operation of accessible vehicles operated by public and private transit operators.

C. TAX INCENTIVES

Provide federal and state tax incentives to private companies offering accessible transportation services to handicapped individuals, such as reducing gas, oil and sales taxes and providing tax credits for capital and operating expenditures. Private companies should utilize existing provisions in the federal Tax Reform Act of 1976 to obtain tax relief for barrier removal in any vehicle or transportation facility ($25,000 maximum deduction per taxpayer in any taxable year).

D. LICENSE FEES

Reduce or eliminate license fees for drivers of special, private transportation vehicles used by disabled persons.

E. REVENUE SHARING FUNDS

Revenue sharing funds should be utilized by state and local governments to pay a portion of the costs of purchase and operation of accessible transit vehicles.

F. LOANS

Companies providing transportation services for disabled persons should be entitled to low or no interest loans.

SOC VI–4 SOCIAL CONCERNS—TRANSPORTATION ACCESSIBILITY

What actions should be taken to influence insurance companies to equitably insure disabled drivers and transit operators?

A. EQUAL RATES FOR PERSONAL VEHICLE INSURANCE

Federal and state legislation and regulations should mandate that the insurance rates for handicapped drivers be based on driving records and that handicapped drivers not be automatically assigned to high risk categories. Effective procedures should be established to strictly enforce this mandate and penalties should be set for non-compliance.

B. STUDIES OF DISABLED DRIVERS' RECORDS

Federal and state governments should extensively study and widely disseminate statistics on disabled persons' accident rates in order to promote more equitable insurance coverage.

D. GOVERNMENT SUBSIDY OF PERSONAL VEHICLE INSURANCE

Federal and state governments should subsidize the "extra" costs of handicapped consumer vehicle insurance when disabled drivers are charged rates which are unreasonably high.

F. NO-FAULT INSURANCE

Any no-fault insurance systems which are established must not discriminate against disabled drivers.

H. FINANCIAL INCENTIVES FOR INSURING CONSUMERS

Federal and state governments should provide some financial incentive to insurance companies which insure disabled drivers.

J. STUDY OF TRANSIT INSURANCE RATES

Federal and state governments should study the present insurance liability status of transportation operators who provide services to disabled persons to determine extent of insurance discrimination problem.

K. PROHIBIT HIGHER TRANSIT COMPANY PREMIUMS

Federal, state and local legislation is needed to prohibit insurance companies from charging higher premiums for transit operators who transport handicapped persons.

SOC VI–5 SOCIAL CONCERNS— TRANSPORTATION ACCESSIBILITY

How can discrimination in licensing of disabled drivers be eliminated and appropriate driver training be provided?

A. LICENSING PROCEDURES

Motor vehicle departments should develop fair and effective procedures for driver licensing of disabled persons. Such procedures should be developed in consultation with handicapped consumers and major service provider organizations and should include: development of appropriate driver ability tests; an option for oral rather than written driver tests; a provision for an administrative hearing for any handicapped person denied a license; guarantees that driving tests can be taken in the personal vehicle owned by the disabled individual; and prohibition of any requirement to provide an annual physician's statement to retain license.

B. PUBLIC FUNDS FOR DRIVER TRAINING

Federal and state governments should fund driver training programs for disabled drivers. These programs should utilize appropriately equipped vehicles.

C. PROHIBIT LICENSING DISCRIMINATION

Federal and state legislation should prohibit discrimination in licensing of disabled drivers.

D. PUBLIC AND PRIVATE DRIVER TRAINING

Public driver training courses and private driver training schools should include appropriate training for disabled drivers.

E. DOT STUDY AND STANDARDS

The Department of Transportation (DOT) should conduct a study of the procedures and requirements used in each state to license disabled drivers. Utilizing this information, DOT should then develop and disseminate to all states minimum standards for licensing handicapped individuals.

F. DRIVER TRAINING INSTRUCTORS

Education courses for driver training teachers must include instruction in methods unique to disabled driver training.

SOC VI–6 SOCIAL CONCERNS—TRANSPORTATION ACCESSIBILITY

How can the purchase of specially equipped personal vehicles for handicapped individuals be made more affordable?

A. FEDERAL FINANCIAL ASSISTANCE

The federal government should provide all or part of the cost of purchasing a specially equipped personal vehicle or modifying a personal vehicle.

B. TAX DEDUCTION

Federal, state and local governments should allow tax deductions for the purchase or modification of a personal vehicle so it is specially equipped.

C. STATE FINANCIAL ASSISTANCE

State governments should provide all or part of the costs of modifying personal vehicles or purchasing specially equipped personal vehicles.

D. LOANS

Federal and state governments should guarantee long-term, low or no interest loans for the purchase of specially equipped personal vehicles by disabled persons.

E. BASE ASSISTANCE ON NEED

Any financial assistance provided for the purchase or modification of vehicles should be based on the income levels of disabled individuals.

F. STANDARDIZATION OF SPECIALLY EQUIPPED VEHICLES

The design of specially equipped personal vehicles should be standardized in order to lower vehicle cost and financial assistance should be provided to manufacturers in order to promote this standardization.

G. PROVIDE INFORMATION

At the local level, cost data and other information should be made available to disabled consumers to assist them in the selection of specially equipped vehicles or equipment to modify vehicles.

SOC VI–7 SOCIAL CONCERNS—TRANSPORTATION ACCESSIBILITY

As a supplement to public transit, how can paratransit (door-to-door service) be improved for disabled persons?

A. PROVIDE DOOR-TO-DOOR TRANSIT SERVICE

Paratransit (door-to-door service such as "dial-a-ride") should be utilized as feeder service to public transportation or as a stop-gap measure until completely accessible public transit becomes available. I should also be provided for persons who are so severely disabled they cannot use public transit systems even if such systems are accessible.

B. EQUIVALENT SERVICES

Paratransit systems serving handicapped persons should provide services (e.g., equivalent fares, same hours of operation and same areas served) comparable to public transportation systems.

C. PARATRANSIT IN UNSERVED AREAS

Public funding and public agency coordination are necessary to provide paratransit programs for those areas where public transit is unavailable.

D. INTEGRATE PARATRANSIT WITH PUBLIC TRANSIT

Paratransit operations should be an integral part of each public transit system, with funding contingent upon the system demonstrating that paratransit services are a supplement to public transit and not a substitute for inaccessible public transportation.

E. TRAINED PROFESSIONALS AND AIDS

Paratransit services should be operated by transportation professionals and trained aids, including disabled persons.

F. NO USAGE RESTRICTIONS

No restrictions should be placed on the usage of dial-a-ride and other paratransit services because of the purpose of the trip.

H. AVAILABILITY TO OTHERS

Paratransit services should be available to those besides disabled persons, on a space available basis.

J. SERVE EMOTIONALLY DISABLED

Paratransit programs should include services for emotionally handicapped persons.

K. AFTER-HOURS/EMERGENCY SERVICE

Some after-hours and emergency paratransit service should be provided for disabled individuals.

SOC VI–8 SOCIAL CONCERNS—TRANSPORTATION ACCESSIBILITY

How can the Urban Mass Transportation (UMT) Act of 1964 be further amended to assure accessible public transportation?

A. FEDERAL FUNDING CONTINGENT ON ACCESSIBILITY

The Urban Mass Transportation (UMT) Act should be amended to specifically mandate that federal funding for the purchase of mass transit vehicles be contingent upon those vehicles being accessible to disabled persons.

B. COMPREHENSIVE CHANGES IN UMT LEGISLATION

Federal legislation, similar to that proposed but not passed in the last session of Congress, should be enacted which would comprehensively amend existing Urban Mass Transportation legislation. Such legislation should include requirements for: (1) all federally funded new public transit vehicles to be accessible (the Secretary of the Department of Transportation could waive this requirement only if all other elements required in the legislation are implemented and an affordable, alternative system provided); (2) local planning and advisory committees composed of at least 50 percent handicapped persons; (3) public hearings on proposed services for disabled individuals; (4) comprehensive local plans and implementation schedules to meet the needs of disabled persons;

and (5) establishment of a National Advisory Council on Accessibility of Mass Transportation.

C. PROVIDE HALF-FARE DURING ALL HOURS

The current federal requirement that transit systems charge disabled riders a half-fare during off-peak hour should be extended to all hours of operation.

D. ELIMINATE HALF-FARE REQUIREMENT

Urban Mass Transportation legislation should be amended to repeal the half-fare requirement for disabled and elderly persons.

E. ACCESS AND EQUIVALENT TRANSPORTATION, A CIVIL RIGHT

Amend Section 16 of the Urban Mass Transportation Act to read: "It is hereby declared to be a civil right of elderly and handicapped persons to utilize the same transportation facilities and services as other persons that special efforts shall be made . . . so that the availability to elderly and handicapped persons of equivalent mass transportation . . . will be assured."

G. CONSUMER COMPLIANCE BOARD

Urban Mass Transportation legislation should be amended to establish a compliance board of disabled consumers to assure strict enforcement of accessibility provisions in transportation laws and regulations.

SOC VI-9 SOCIAL CONCERNS—TRANSPORTATION ACCESSIBILITY

Using the authority of existing laws, what actions should be taken by the Urban Mass Transportation Administration (UMTA) to meet the transit needs of all disabled consumers?

A. NO FUNDS FOR INACCESSIBLE VEHICLES

The Urban Mass Transportation Administration should amend its existing regulations to provide accessible transportation by granting no funds for the purchase of mass transit vehicles which are inaccessible.

B. DESIGN RESEARCH/TRANSBUS

The Urban Mass Transportation Administration (UMTA) should continue to support research regarding design of accessible mass transit vehicles, including the Transbus project. Such research should lead to the development of specifications and standards, to be issued by UMTA, for modification of old transit vehicles to make them accessible and design of new, totally accessible vehicles.

C. ENFORCEMENT

The Urban Mass Transportation Administration must strictly enforce compliance with transportation accessibility provisions in its existing legislation and regulations.

D. HALF-FARE REQUIREMENT

The Urban Mass Transportation Administration's (UMTA) half-fare requirement for disabled riders (during off peak hours) should be enforced, including efforts made by UMTA to assure that emotionally and other mentally handicapped persons are included in the half-fare program.

E. REORGANIZE UMTA

The Urban Mass Transportation Administration (UMTA) should be reorganized in order to more effectively coordinate and enforce transportation accessibility requirements.

F. FUNDING PRIORITIES

Funds for private non-profit firms providing accessible transportation services should be the first priority for UMTA grants.

H. ACCESSIBILITY OF SOME NEW BUSES

UMTA should require that 20 percent of all new transit buses purchased by transit systems be accessible.

SOC VI-10 SOCIAL CONCERNS—TRANSPORTATION ACCESSIBILITY

What additional federal legislation (other than for the Urban Mass Transportation Administration) is needed to assure barrier free transportation for persons with handicapping conditions?

A. AIR TRAVEL ACCESSIBILITY

Legislation should direct the Federal Aviation Administration (FAA) and the Civil Aeronautics Board (CAB) to assure the right of disabled persons to unrestricted plane travel, including no restrictions on transporting disabled consumers' equipment or aids, such as motorized wheelchair batteries.

B. STRENGTHEN TRANSPORTATION LEGISLATION

The legislation for all federal agencies administering programs affecting transportation services for handicapped persons should be amended to require accessibility for vehicles and terminals, impose fines and other penalties for non-compliance, and define "handicapped," "accessibility" and "usability."

C. FEDERAL COMPLIANCE BOARD

The scope of the federal Architectural and Transportation Barriers Compliance Board (ATBCB) should be broadened and include: (1) increased authority relative to all federal agencies involved in transportation programs for disabled individuals; (2) development and enforcement of national transportation accessibility and usability standards for all mass transit vehicles; (3) establishment of local and state units of ATBCB to promote compliance efforts; and (4) broadened membership on the Board to include disabled consumers. To accomplish these actions, more adequate funding must be provided for ATBCB's operations.

D. TRAIN ACCESSIBILITY

AMTRAK legislation should establish a clear policy regarding the requirement for accessibility in trains and railroad terminals.

E. AMEND ARCHITECTURAL BARRIERS ACT

The Architectural Barriers Act of 1968 should be amended to require that all transportation vehicles purchased or modified using federal funds are accessible.

F. PROHIBIT TRANSPORTATION DISCRIMINATION

Federal legislation is needed to make it illegal to prohibit the transport of any person solely on the basis of disability.

G. NATIONAL TRANSPORTATION COMMITTEE

The federal government must establish a national transportation decision-making committee, comprised of at least 51 percent handicapped persons, to monitor and evaluate compliance with transit laws and recommend legislative changes. This committee should assist the Secretary of the Department of Transportation in making decisions regarding transportation accessibility.

H. TRANSPORTATION TRUST FUND

A Transportation Trust Fund should be established to fund the costs of transporting disabled persons.

I. DISABLED CONSUMER COMMITTEES

The Department of Transportation should not grant funds to state or local governments which do not have committees of handicapped consumers committed to fully accessible transportation which participate substantively in the decision-making process.

SOC VI-11 SOCIAL CONCERNS—TRANSPORTATION ACCESSIBILITY

Under the authority of existing laws, what actions should be taken by federal agencies other than the Urban Mass Transportation Administration to assure transportation which is accessible?

A. CONSUMERS ON POLICY OR REVIEW BOARDS

Disabled persons should compose a significant percentage of the membership of federal policy and review boards relating to transportation services for handicapped persons.

B. REGULATIONS FOR EQUITABLE TREATMENT

All federal agencies which administer any programs relating to transportation services for disabled citizens, must develop regulations requiring non-discriminatory treatment of handicapped individuals. These regulations should address the transportation design needs and attendant services of disabled consumers.

C. ENFORCEMENT

The transportation accessibility provisions of existing legislation and regulations for all federal agencies, including all Department of Transportation agencies, should be strictly enforced.

D. NATIONAL SURVEY

To improve transportation services, a national survey must be conducted to determine the transportation needs of disabled consumers in urban and rural areas of the nation. The Census Bureau must collect sufficient demographic data to make such an assessment possible.

F. PRESIDENTIAL EXECUTIVE ORDER

A Presidential Executive Order should be issued stating that no federal funds will be provided to transportation systems and programs that are not accessible.

H. NATIONAL TRANSPORTATION ACCESSIBILITY PLAN

The federal government should develop a systemized plan to provide accessible air and land transportation locally, regionally and nationally for all disabled consumers.

SOC VI-12 SOCIAL CONCERNS—TRANSPORTATION ACCESSIBILITY

At state and local levels of government, what can be done to more effectively implement existing laws and what new legislation is needed to meet the transportation needs of handicapped individuals?

A. CONSUMERS ON POLICY OR REVIEW BOARDS

Disabled individuals should compose a significant percentage of the membership of state and local policy and review boards concerned with transit services for handicapped persons.

B. STATE AND LOCAL SURVEYS

In order to improve transportation services, state and local surveys must be conducted to determine the transportation needs of disabled persons in urban and rural areas.

C. STRENGTHEN STATE AND LOCAL LEGISLATION

The legislation of all state and local agencies which administer programs affecting transportation services for handicapped persons should be amended to strengthen existing provisions or add new provisions requiring transportation accessibility; establish fines and other penalties for failure to meet accessibility requirements; and provide specific definitions for transportation purposes of the words "handicapped," "accessibility" and "usability"

D. ACCESSIBILITY ENFORCEMENT

State and local transportation compliance boards or other compliance mechanisms should be established to enable state and local governments to actively enforce transportation accessibility laws and regulations.

E. LOCAL ADVISORY COMMITTEES

Local advisory committees should be formed to address the transportation needs of disabled individuals and state governments should withhold transportation funds from any community until the local committee has developed a plan which meets the transportation needs of all citizens.

F. STATE CITIZENS COMMITTEE

Establish a State Citizens Committee, rather than designating an existing agency, to review state laws and regulations affecting transportation of disabled individuals in order to report on the extent of compliance and to recommend any necessary legislative changes.

G. PUBLIC TRANSPORTATION HEARINGS

All state and local governments must adequately publicize public hearings relating to transportation and hold such hearings in accessible facilities.

H. EARMARK STATE FUNDS

States should specifically earmark some state transportation funds to provide accessible transportation for disabled persons.

I. NO PUBLIC FUNDS FOR INACCESSIBLE VEHICLES

No state funds should be provided for the purchase of mass transit vehicles unless they are accessible.

K. STATEWIDE PLAN

Each state should develop a statewide plan which evaluates all public and private transportation capabilities to meet the needs of disabled persons and establishes a timetable for solving unmet needs.

M. HEARING EAR DOGS

All state and local legislation which pertains to guide dogs for blind persons should be amended to include hearing ear dogs for deaf individuals.

SOC VI-13 SOCIAL CONCERNS—TRANSPORTATION ACCESSIBILITY

At the federal, state and local level, what coordination or consolidation is necessary to assure accessible transportation programs and services?

A. STATEWIDE COORDINATION OF TRANSPORTATION PROGRAMS

Establish statewide coordination or consolidation of transportation services and programs for disabled and elderly persons including coordination or consolidation of federal, state and local funds. As part of these efforts, a statewide toll-free number should be provided for disabled individuals who wish information on available transportation services.

B. MAXIMUM VEHICLE UTILIZATION

All public agencies, including rehabilitation agencies, education agencies and public transit authorities, should coordinate the use of their transit vehicles to increase transportation services for disabled individuals. This would enable, for example, use of school vehicles when children are not being transported and utilization of some city buses during non-rush hours.

C. METROPOLITAN OR REGIONAL PLANNING ORGANIZATIONS

Metropolitan or regional planning organizations should be strengthened to coordinate urban transit services for disabled individuals.

D. TRANSIT/CONSUMER/SERVICE PROVIDER COORDINATION

Transit companies and agencies should coordinate with disabled consumers and health care and rehabilitation specialists in developing all plans designed to promote accessible transit for handicapped persons.

E. FUNDING COORDINATION

In order to stimulate coordination of transportation services, the Department of Transportation should provide funds to assist state and local governments in establishing coordinated programs.

F. ELIMINATE CONSOLIDATION RESTRICTIONS

Eliminate any federal or state restrictive legislation or regulations which would prohibit program and funding consolidation of transportation services for handicapped individuals.

G. RURAL PLANNING ORGANIZATIONS

Rural transportation should be coordinated by the establishment of such mechanisms as countywide planning organizations.

SOC VI-14 SOCIAL CONCERNS—TRANSPORTATION ACCESSIBILITY

How can public and private transportation be made available to disabled persons at a reasonable cost?

A. PUBLIC FUNDING

Federal and state governments should fund part of the transportation costs of disabled persons.

B. REDUCED FARE PROGRAMS

Reduced fare programs should be extended or established in order to make transportation more affordable to handicapped individuals.

C. TAX INCENTIVE FOR EXTRA COSTS

There should be a tax deduction to compensate disabled persons for their extra transportation expenses, including personal vehicle operating costs, special transit fares, escort services, etc.

D. BASE ASSISTANCE ON INCOME

Utilize a sliding scale, based on income, to determine amount of financial assistance to be provided to handicapped citizens.

E. SOCIAL SECURITY AND REHABILITATION FUNDING

Social Security recipients who are disabled and clients of Departments of Rehabilitation should receive funds to help pay transportation costs.

F. NO ADDITIONAL CHARGES

Prohibit all public carriers from charging any additional fee for transporting a handicapped individual or his mobility aids or attendant.

H. GAS ALLOWANCES

Provide disabled persons with some financial allowance, such as stamps, for gasoline costs.

J. NO ECONOMIC MEANS TEST

No economic means test should be required of disabled persons to receive financial assistance for transportation costs.

K. DISCOURAGE FREE OR REDUCED FARE

Discourage free or reduced fare transit programs for disabled persons as they are discriminatory and may contribute to the rationale of transit officials for failing to provide fully accessible transportation.

SOC VI–15 SOCIAL CONCERNS—TRANSPORTATION ACCESSIBILITY

How can the parking and pedestrian problems of handicapped persons be alleviated?

A. UNIFORM VEHICLE DESIGNATION

A uniform disabled driver designation for license plates or permits should be established to enable handicapped persons to use reserved parking.

B. RESERVED PARKING ORDINANCES

There should be ordinances in each community which stipulate that some reserved parking must be provided at all publicly-used facilities. These special parking spaces must follow accepted standard measurements, be uniformly designated, and located conveniently to ramps and entrances.

C. ENFORCEMENT OF RESERVED PARKING

Legislation is needed to establish or strengthen enforcement procedures for reserved parking. Enforcement actions could include fines and other penalties such as towing of violators, posting all reserved parking regulations, and establishing a "hot-line" in each state or community to be used to phone in the license numbers of those illegally using disabled persons' parking spaces.

D. LICENSE PLATES FOR NON-DRIVERS

Issue handicapped driver license plates or permits to disabled consumers who are non-drivers for use by those who frequently transport them.

E. PUBLIC AWARENESS OF RESERVED PARKING

The public's awareness of the need for and regulations pertaining to reserved parking for disabled citizens must be increased through a variety of actions, such as providing information in public service announcements, driver training courses, driver licensing manuals; and through placement of informational notices on the vehicles of those who park illegally in reserved spaces.

F. STATE RECIPROCITY

States should establish reciprocal agreements to honor handicapped parking privileges.

I. NO OBVIOUS DESIGNATION ON LICENSE PLATES

An obvious designation should never appear on a disabled driver's license plate as it promotes segregation and singles out the occupant as a potential target for attack.

M. CURB CUTS OR RAMPS

Curb cuts or ramps should be provided at crosswalks for persons with mobility limitations.

N. RIGHT TURN-ON-RED

Legislation allowing drivers to turn right-on-red should be repealed as it impairs the safety of those persons with mobility limitations.

O. FEDERAL STANDARDS FOR PEDESTRIAN PROBLEMS

The federal government should develop standards for crosswalks, sidewalks, and placement of street furniture to alleviate problems of handicapped pedestrians.

SOC VI–16 SOCIAL CONCERNS—TRANSPORTATION ACCESSIBILITY

What actions should be taken to assure the design, manufacture and sale of accessible public transit, paratransit and personal vehicles?

A. FUND DESIGN OF ACCESSIBLE VEHICLES

Public funds should be provided to companies to promote the design of accessible vehicles (mass transit, paratransit and personal vehicles) and equipment necessary to adapt vehicles for accessibility.

B. TAX INCENTIVES FOR DESIGN AND MANUFACTURE

Provide federal and state tax incentives to companies designing and manufacturing accessible vehicles (public transit, paratransit and personal vehicles).

C. FUND MANUFACTURE OF ACCESSIBLE VEHICLES

Public funds should be provided to companies to promote the manufacture of accessible mass transit, paratransit and personal vehicles and equipment necessary to adapt existing vehicles.

D. EDUCATE MANUFACTURERS AND DESIGNERS

Vehicle designers and manufacturers must be educated by the U.S. Department of Transportation as to the need for and the marketing value of producing accessible personal and public vehicles and specialized equipment for adapting such vehicles.

E. SALE AND SERVICE OF ACCESSIBLE VEHICLES

Federal and state governments should educate dealers of the need to stock accessible vehicles and, when necessary, encourage through financial incentives the sale and service of specially equipped personal vehicles.

F. DOT DESIGN STANDARDS

The Department of Transportation (DOT) should develop guidelines, including safety standards, for the design of accessible personal and public use vehicles.

G. AUTO RENTALS

The federal government should provide financial incentives to auto rental companies which stock accessible vehicles.

H. PRIVATE FUNDING FOR DESIGN

Private funds are needed to support the accessible design of all types of accessible vehicles.

J. FEDERAL STANDARDS FOR AUTO SIZE

The federal government should set standards so that each auto manufacturer produces a model large enough to accommodate wheelchairs.

SOC VI–17 SOCIAL CONCERNS— TRANSPORTATION ACCESSIBILITY

What actions should be taken by handicapped consumers to promote transportation accessibility?

A. PLANNING AND POLICY SETTING

Handicapped individuals must become involved in planning and other decision-making relative to transportation by serving on policy or review boards of transit authorities, administrative agencies, etc.

B. DESIGN AND TESTING OF ACCESSIBLE VEHICLES

Disabled persons must become involved in the design and testing of accessible vehicles, including serving as national design consultants for the development of accessible buses.

C. LAWSUITS

Disabled individuals or organizations of disabled persons should initiate lawsuits to force accessibility in transportation systems.

E. DISSEMINATE NON-COMPLIANCE INFORMATION

Organizations of handicapped consumers should compile and widely disseminate reports and other information regarding violations of transportation accessibility laws and regulations.

F. PROMOTE AWARENESS

Persons with handicapping conditions should actively promote awareness of the general public and policymakers regarding the need for barrier-free transit.

G. FILE COMPLAINTS WITH ENFORCEMENT AGENCIES

Handicapped persons should file complaints regarding non-compliance with agencies responsible for enforcement of accessibility requirements.

H. LOBBYING

Consumers with disabling conditions should lobby legislative officials to seek needed changes in transportation programs and laws.

SOC VI–18 SOCIAL CONCERNS— TRANSPORTATION ACCESSIBILITY

What training, education and information should be provided to improve transportation programs and services for disabled individuals?

A. TRAIN TRANSPORTATION PERSONNEL

Develop instructional guidelines for and train public transit and paratransit personnel regarding the abilities and needs of, and appropriate assistance for, riders who are disabled. Public funding should be provided to stimulate such training and examinations utilized to assure proficiency of personnel. Handicapped consumers should be involved in the development of instructional materials and in the provision of training.

B. PUBLIC AWARENESS

The general public must be made more aware of the transportation abilities and needs of handicapped persons. This can be accomplished by such efforts as sponsoring transportation awareness days, displaying accessible transportation vehicles, and utilizing mass media to discuss barrier removal needs.

C. TRANSPORTATION INFORMATION IN TERMINALS

Transportation terminals for the public should include clear signs for information and direction, teletypewriting equipment for communication of schedule and other information, braille information on schedules, and audio and visual scheduling information and announcements.

E. CENTRALIZED INFORMATION SERVICES

A central information and dissemination center should be established for transit operators, disabled individuals and other interested persons. This information center should contain data on new accessible equipment, public and private systems which are accessible, and demographic data on handicapped persons.

F. TRAVELER AID PROGRAM

A traveler aid program should be inaugurated at all major transportation terminals which includes a toll free information number and trained personnel to assist disabled persons. Such programs must be adequately publicized.

G. GUIDELINES FOR TRANSIT SIGNS

Federal guidelines should be established for size and placement of raised numbers or letters on street signs, bus stop signs, and all transportation terminal signs.

I. TRAIN DISABLED PERSONS TO USE TRANSIT

Handicapped individuals should be trained to use public transit in order to facilitate their use of such systems.

SOC VII–1 SOCIAL CONCERNS—COMMUNICATIONS: TECHNIQUES, SYSTEMS, DEVICES

Given the role of mass media in effecting attitudes, what should the industry do to promote accurate images of the abilities and problems of handicapped individuals?

A. PUBLIC SERVICE ANNOUNCEMENTS

The communications industry should develop a consistent program of public service announcements designed to provide the general public with facts about different handicapping conditions.

B. HIRING HANDICAPPED

The media industry should actively promote the hiring of handicapped individuals for visible positions in the media (i.e., reporters, newscasters, moderators, actors, actresses, and principals in commercials).

C. GUIDELINES TO REDUCE OVER-DRAMATIZATION

Communications, health professionals and consumer representatives should develop guidelines for the mass media designed to eliminate or reduce the amount of over-dramatization and sensationalism when portraying handicapped individuals.

D. MEDIA COVERAGE

The communications industry should provide factual and impartial coverage of events pertaining to the problems and activities of handicapped individuals, including prime time TV coverage.

E. TV AWARENESS PROGRAMS

The communications industry should produce programs to increase public awareness of the needs of the handicapped. Public utilities and private business should be solicited for financial support of these programs.

F. FEDERAL INFORMATION CLEARINGHOUSE

The federal government should create a federal clearinghouse to provide information about handicapped populations to the media.

G. DISABLED PERSONS AS TV PROGRAM CHARACTERS

The television networks should cast disabled persons as characters in major regular television programs.

I. STATEWIDE INFORMATION CLEARINGHOUSE

States should create statewide information clearinghouses to collect and disseminate information pertaining to communications, particularly in areas like educational services, referral sources, laws, interpreting services, employment, rights and benefits and barrier elimination.

J. TV CAPTIONING AND INTERPRETING

The television networks should caption or interpret all programs for the deaf population. Where appropriate, captions should be provided in Spanish.

SOC VII–2 SOCIAL CONCERNS—COMMUNICATIONS: TECHNIQUES, SYSTEMS, DEVICES

How should current mass communications systems be adapted to meet all the communications needs (including the need for emergency warnings) of handicapped persons?

A. LINE 21 CAPTION TELEVISION

The Federal Communications Commission should require the television networks to implement a system of closed captioning of all programs through the Line 21 adapted converter mechanism as proposed by the Public Broadcasting System in petition RM 2612.

B. ESTABLISHMENT OF TELETYPEWRITER (TTY) LOCATIONS

Federal and state legislation should require (TTYs) and outlets for portable TTY machines placed at strategic public places to provide a means of communication for the hearing impaired.

C. AUDITORY/VISUAL EMERGENCY BROADCASTS

The Federal Communications Commission should require both auditory and visual messages to be broadcast on television during emergencies.

D. TELEPHONE ACCESSIBILITY

Federal and state governments should enact legislation to insure the accessibility of public telephones to all handicapped individuals.

E. TV CAPTIONING AND INTERPRETING

The Federal Communications Commission should require captioning or interpretation for the deaf of all news programs and public service broadcasts on commercial and public TV.

F. TELETYPEWRITER RATES

Federal legislation should require the telephone company to offer reduced rates for handicapped users of teletypewriters (TTY) and other modified communication equipment.

I. TAX CREDITS FOR COMMUNICATIONS DEVICES

The federal and state governments should provide tax credits to handicapped individuals and incentives for programming with commercial and public television to allow disabled persons to benefit from the media. Captioned TV and captioning decoders are an example of a system that could profit from such tax credits.

S. EXPAND EDUCATIONAL TELEVISION

Federal support should be provided to expand educational television, interpreter television and public broadcasting systems, in all areas of the United States in order to meet the general educational needs of the handicapped population.

SOC VII–3 SOCIAL CONCERNS—

Given the cost factors, how can the priorities for the design and production of new or modification of existing

COMMUNICATIONS: TECHNIQUES, SYSTEMS, DEVICES

communication systems and devices best be identified and met?

A. COMMUNICATION SYSTEMS AND DEVICES

Research is needed to identify, develop or modify special communications systems or devices.

B. DEVELOPMENT OF ELECTRONIC TELEPHONE

The telephone company should develop, through its research and development facilities, telephone communications devices at reasonable costs for the hearing impaired and other handicapped individuals.

C. CREATION OF FEDERAL INSTITUTE CONDITIONS

The federal government should create a new federal agency or institute which would develop a data bank, coordinate and publicize the awards of research grants in the communications field, develop a mass media public relations program, and carry out other research, development and service activities.

D. INCENTIVES TO DEVELOP COMMUNICATION DEVICES

The federal government should develop tax incentives, grants or tax credits to encourage the design, production and marketing of standardized communication devices for handicapped people at reasonable cost.

E. HANDICAP/COMMUNICATION INSTRUCTION

The Congress should amend Public Law [illegible]142 to mandate school districts to include in their required [illegible]culum instruction about all handicapping conditions and the various communication systems and devices needed and utilized by handicapped individuals.

F. NATIONAL COMMUNICATIONS CONFERENCE

The federal government should convene a national communications conference to establish communications terminology, signage and graphics for use by all media, agencies, schools, and the general public.

G. DIRECTORIES OF SERVICES

The Library of Congress and state libraries should publish directories of reader services for the visually impaired, hearing impaired and physically handicapped on a state or regional basis.

H. PRODUCTION OF INDIVIDUAL TELETYPEWRITER

The telephone industry should produce teletypewriters for handicapped individuals at minimum cost.

I. FEDERAL EVALUATION OF AIDS

The federal government should evaluate all aids and devices for quality, safety and cost and should recommend improvements and cost reductions.

SOC VII–4 SOCIAL CONCERNS— COMMUNICATIONS: TECHNIQUES, SYSTEMS, DEVICES

How can the costs of purchasing and using communication devices and systems for disabled persons best be met?

A. TELETYPEWRITER (TTY) RATE STRUCTURES

The federal government should authorize the adjustment of telephone company rate structures to provide special reduced rates for registered deaf teletypewriter users on long distance calls.

B. PROVISION OF STANDARD DEVICES BY GOVERNMENTS

The federal and state governments should fund the provision of standard devices (i.e., teletypewriters, optacons, closed circuit TV and other communication systems) to all handicapped individuals who need them.

C. FEDERALLY SUBSIDIZED RESEARCH

The federal government should increase federal research and development programs aimed at benefitting handicapped persons' needs in the area of communication devices through technological developments.

D. TAX EXEMPTIONS FOR CONSUMERS

The Internal Revenue Service should provide income tax exemptions, deductions or credits to persons with communication disorders for the purchase of communication devices.

F. REVENUE SHARING FUNDS

Revenue sharing funds should be used for community development projects relating to communication systems for the disabled.

G. MEDICAID COVERAGE OF HEARING AIDS

The federal government should expand Medicaid and Medicare provisions to help insure that all elderly and indigent persons who need hearing aids can obtain them.

H. LOW-COST LOANS FOR EQUIPMENT

Low-cost loans should be made available to disabled individuals for the purchase of communications equipment.

SOC VII-5 SOCIAL CONCERNS—COMMUNICATIONS: TECHNIQUES, SYSTEMS, DEVICES

How should standards for communication systems and devices for disabled persons be established and implemented?

A. FCC COORDINATION OF STANDARDS

The Federal Communications Commission should coordinate the development of standards for communications systems and devices for disabled persons.

B. BUILDING CODE STANDARDS

Federal, state and local governments should pass legislation to include standards for the development of communication systems for the handicapped population in public building codes.

C. CONSUMER INPUT

The Federal Communications Commission should include a representative of the disabled and seek consumer input in the establishment of standards for communications systems and devices.

D. AUDIOLOGICAL CENTERS

States should establish audiological centers with trained personnel and equipment to provide free evaluation services, audiophone training, and follow-up for the hearing impaired.

E. ISSUE, EVALUATE, REPAIR, AND REGISTER DEVICES

State rehabilitation centers or other appropriate agencies should provide for services which issue, evaluate repair, and register devices.

G. CONFERENCE ON MANUFACTURERS

The President of the United States should call a conference of communication manufacturers to develop standards for communication systems and devices.

J. FILM STANDARDS

New standards for films should be developed which require captions or subtitles for hearing impaired viewers.

K. PRICE STANDARDS

The federal government should establish price standards for communication devices and equipment for hearing impaired individuals.

L. FCC INITIATE STANDARDS LEGISLATION

The Federal Communications Commission should be responsible for initiating legislation to set standards for communications devices and systems which would then become requirements for licensing of communications systems.

SOC VII–6 SOCIAL CONCERNS—COMMUNICATIONS: TECHNIQUES, SYSTEMS, DEVICES

How can the professional community (educators, etc.) be encouraged to assure that handicapped individuals are provided opportunities to learn appropriate communication skills including alternative communication systems?

A. INSERVICE STAFF DEVELOPMENT PROGRAMS

Local education agencies and institutions of higher education should develop inservice staff development programs for all educators stressing awareness and skill training in alternative communication systems, as well as new methods for teaching communication skills.

B. SIGN LANGUAGE CLASSES

Educational institutions should establish sign language classes in universities and adult education centers as a means of promoting deaf and hearing interaction and offering deaf people an opportunity to upgrade skills and learn new vocabulary.

C. CERTIFICATION OF DEAF INTERPRETERS

More training programs should be established for the certification of deaf interpreters.

D. COMMUNICATIONS MEDIA FOR ALL PERSONS

Educators must implement changes in local school districts to insure that all persons, regardless of their level of disability, can learn media through which communication can occur.

F. PROFESSIONAL COMMITMENT

The professional community should make a commitment that, regardless of a person's level of disability, he or she would receive instruction in a medium through which communication can occur.

G. EXPANDED READING AND WRITING SERVICES

Expand and develop reading and writing services similar to the ones offered to the blind to include other disabilities. These services would be for people who are unable to carry out one or both of these activities because of their level of disability.

H. EDUCATION FOR ALL HANDICAPPED CHILDREN ACT

The professional community should use the Education for All Handicapped Children Act of 1975 as a mechanism for assuring that all handicapped children are provided opportunities to learn appropriate communication skills, including alternative systems when necessary.

J. SUFFICIENT FUNDS FOR PL 94-142

The federal and state governments should appropriate sufficient funds to carry out effectively the provisions of PL 94-142, the Education for All Handicapped Children Act of 1975.

L. BRAILLE AS SECOND LANGUAGE

Local education agencies and institutions of higher education should include Braille in the curriculum as a second language in high schools and colleges for able-bodied students. Braille instruction should also be available to able-bodied elementary school children as an optional subject.

N. FUNDING FOR EDUCATION IN COMMUNICATIONS SKILLS

Federal and state governments should provide funding for stipends to persons willing to receive proper training to effectively teach all communications skills, including training in new methods.

S. SIGN LANGUAGE AS ELECTIVE

The Department of Health, Education and Welfare, Bureau of Education for the Handicapped, and state education agencies should require that sign language be offered as an elective in all schools where foreign languages are required.

SOC VII–7 SOCIAL CONCERNS—COMMUNICATIONS: TECHNIQUES, SYSTEMS, DEVICES

What actions are needed to insure that all public buildings and facilities will provide appropriate communication devices and systems, including life-saving warning systems, which are specific to the communicational modes of all handicapped persons?

A. COMMUNICATIONS IN PUBLIC BUILDINGS

Federal and state governments should require that all public buildings install appropriate communications devices and systems including life-saving warning systems for the handicapped.

B. BUILDING CODES

Federal, state and local governments should include in building codes provisions for Braille markers for elevator floors; knurled door handles and crash bars; Braille markers and instructions on fire extinguishers; large print for emergency systems; Braille diagrams of entrances and exits; emergency warning devices for all handicapped individuals.

C. INTERPRETATION BUREAUS

State and local agencies should establish interpretation bureaus to be used by hospitals, courts, police departments and other municipal agencies to meet the emergency needs of persons with communication handicaps.

D. TELECOMMUNICATIONS CENTERS IN PUBLIC BUILDINGS

Federal, state and local governments should establish telecommunications centers including teletypewriters in all large area hospitals, health agencies, police and fire departments, transportation terminals, ambulance services, banks, nursing homes, and major companies for the benefit of the hearing impaired.

G. HEIGHT OF TELEPHONES

The telephone company should install telephones at a lower level for little persons and persons in wheelchairs.

SOC VII–8 SOCIAL CONCERNS— COMMUNICATIONS: TECHNIQUES, SYSTEMS, DEVICES

How can transportation systems be adapted to meet the communication needs of handicapped individuals?

A. ARRIVAL/DEPARTURE ANNOUNCEMENTS

Municipalities should institute both visual and auditory announcement systems in public transportation terminals with simply worded statements that are large and easy to read.

B. INTRANSIT ANNOUNCEMENTS

Transportation agencies should establish procedures whereby in-transit announcements are made both auditorily and visually.

C. TTYS INSTALLED IN TERMINALS

Municipalities should equip public transportation terminals with teletypewriters (TTY).

D. SPECIAL TRAVEL MATTERS

Municipalities should establish a centralized service area within public transportation terminals where all special travel needs of handicapped consumers can be met.

F. TRANSPORT SYSTEMS SCHEDULES

Transportation agencies should post standing notices in papers and on bulletin boards at vehicle stops of local schedules (e.g., bus and subway).

G. TRAVEL AGENCIES

Travel agencies and staff should be informed of the special needs of handicapped individuals when traveling.

SOC VII–9 SOCIAL CONCERNS— COMMUNICATIONS: TECHNIQUES, SYSTEMS, DEVICES

What training, standards and cost factors should be established to fully meet the need for communication "facilitators" (readers for blind persons, interpreters for deaf individuals, etc.)?

A. SUBSIDY FOR INTERPRETERS

The federal, state or local governments should wholly or partially subsidize the cost of all interpreting services for the hearing impaired.

B. INTERPRETER TRAINING

Funding should be sought to increase the number of training programs for communication facilitators including interpreters for the deaf.

C. REGISTRY OF INTERPRETERS FOR DEAF

States and localities should establish a central bureau or registry of interpreters to serve as a clearinghouse for obtaining the services of qualified interpreters.

D. STANDARDS FOR PROFESSIONAL TRAINING AND LICENSING

Federal and state governments should establish professional standards and licensing requirements for experts treating communication disorders, including professional conduct and continuing education for professionals working with the handicapped.

F. TOTAL PUBLIC SERVICE

Federal, state and local legislation should require all publicly supported agencies (i e., social security motor vehicles, elections, criminal justice, etc.) to maintain "facilitators" to communicate with handicapped individuals in their public service efforts.

L. CERTIFICATION OF HEARING AID DEALERS

Federal and state legislation should be developed to provide for the certification and appropriate training of hearing aid dealers.

O. DEAF VOLUNTEERS TEACHING SIGN LANGUAGE

The deaf population should form a volunteer group to teach sign language to personnel in hospitals, police stations, fire departments, businesses, and members of community groups.

SOC VII-10 SOCIAL CONCERNS—COMMUNICATIONS: TECHNIQUES, SYSTEMS, DEVICES

What research is needed to solve the communication problems of handicapped persons and how should it be funded?

A. NEEDS IDENTIFIED THROUGH CENSUS

Federal and state governments should take a census to identify all persons with communication handicaps.

C. PUBLIC RELATIONS

Federal and state governments should establish research programs about how to improve public information on the communication problems of handicapped persons.

D. TV EMERGENCY NOTIFICATION

Federal and state governments should fund research programs to develop adequate emergency notification systems for the hearing impaired via television.

E. CONSUMER REVIEW PANEL FOR RESEARCH PROPOSALS

Funding agencies should have research proposals related to the handicapped reviewed by a consumer review panel to determine the usefulness of the research results to the handicapped community.

H. NIH RESEARCH ON COMMUNICATIONS DEVICES

The National Institutes of Health should fund research to develop an array of communications devices to benefit communication-impaired individuals.

K. NEW TELEPHONE—TTY EQUIPMENT

Research should be conducted to develop better communications techniques and equipment, including a telephone unit whereby the oral deaf person could receive by teletypewriter but outgoing messages could be received by telephone.

ECONOMIC CONCERNS

ECC I-1 ECONOMIC CONCERNS—EMPLOYMENT

What responsibilities do employers in government, industry, labor and the professions have in maintaining confidentiality when employing a person with a history of mental illness?

A. CORPORATE, GOVERNMENT, LABOR AND PROFESSIONAL PERSONNEL RECORDS

Employee medical records should be maintained in files separate from personnel records. Such medical records should be strictly controlled under regulations governing the Privacy Act, and release of records made only through a legally established need-to-know basis.

ECC I-2 ECONOMIC CONCERNS—EMPLOYMENT

How may Sections 503 and 504 of the Rehabilitation Act of 1973, as amended in 1974, be modified to create greater job opportunities for all handicapped individuals?

A. LIST JOB OPENINGS

Federal contractors should be required to list all job openings.

B. JOB DESCRIPTIONS

Require employers to provide objective job descriptions for all handicapped individuals.

D. COMPLIANCE OFFICERS

Provide Federal funding for affirmative action compliance officers.

E. LOCAL COMPLIANCE UNITS

Provide Federal funding to establish local compliance units in each State for the purpose of implementing affirmative action plans.

F. EMOTIONALLY DISTURBED

Amend Sections 503/504 to include emotionally disturbed individuals.

G. EMPLOYMENT QUOTAS

Amend Sections 503/504 to establish disabled employee quota levels, from both the physically and mentally disabled categories, that recipients of Federal contracts and grants are required to meet.

H. ADMINISTRATIVE AUTHORITY FOR SECTION 504

Amend Section 504 to create a single administrative authority for the implementation of that section of the Rehabilitation Act of 1973 (74).

I. CANCELLATION OF GRANTS/CONTRACTS

Amend Sections 503/504 to permit cancellation of Federal grants or contracts, in excess of $2,500.00, if non-compliance because of discrimination against any disabled person can be proven.

J. DEFINITIONS

Establish more precise definitions for "vague terms" in regulations affecting Sections 503/504; such terms as "handicapped" and "reasonable accommodations".

K. LABOR RESPONSIBILITIES

Federal regulations affecting Sections 503/504 should include specific language outlining the responsibilities of organized labor with regard to employment, and promotion, and/or reemployment of disabled persons.

L. GOALS AND TIMETABLES

Amend Sections 503/504 to establish goals and timetables for the implementation of affirmative action plans for the employment of disabled persons.

M. NON-COMPLIANCE DISCLOSURE

Amend Sections 503/504 to require public disclosure of lists of recipients of Federal grants or contracts, in excess of $2,500.00, who do not comply with Federal regulations established for the implementation of such sections.

P. PUBLIC AWARENESS PROGRAM

A national public awareness program should include the following: Public recognition of employers who hire disabled persons; should educate employers to focus on the abilities of handicapped individuals; require the U.S. Department of Labor to increase publication, and distribution, of procedures through which disabled people could file discrimination complaints; also, Federal regulations regarding affirmative action rights and responsibilities should be distributed throughout every State to the general public, employers in the public and private sectors, and other appropriate groups.

R. JOB APPLICATIONS

Federal regulations should require the elimination of discriminatory questions, regarding the health status of handicapped persons, from all public or private sector job descriptions and applications.

S. AFFIRMATIVE ACTION OFFICERS

Within each corporation, labor organization, professional association and/or publicly supported institution, there should be established a high-level management position having the responsibility for setting for disabled workers such policies, and/or procedures, that affect hiring, position descriptions, job modification, promotions and lay-off, or termination, appeals.

ECC I–3 ECONOMIC CONCERNS—EMPLOYMENT

How can existing Federal and State statutes and regulations be modified to improve and expand employment of physically and mentally handicapped persons?

A. AMEND THE SOCIAL SECURITY ACT

Congress should amend the benefits sections of the Social Security Act to remove current disincentives to work. Amendments should provide for higher levels of permissible income without loss of benefits, continuation of medical benefits during periods of employment, extension of the trial work period, and other regulations which would stimulate and increase the entry of handicapped individuals into the work force.

B. ANTI-DISCRIMINATION LEGISLATION

Congress and state legislatures should amend all statutes and regulations concerning discrimination to include the handicapped and should provide similarly in all new legislation, either by including the handicapped as a minority group or providing a "Bill of Rights for the Handicapped". In addition, all other statutes and regulations which are discriminatory should be appropriately amended. Relevant targets of this activity include the Rehabilitation Act, the Civil Rights Act, OSHA regulations, child labor laws, and affirmative action portions of other legislation.

C. FEDERAL CLEARINGHOUSE

Congress should authorize funding for a federal agency to serve as a clearinghouse for all federal and state statutes and regulations to insure uniform definitions and administration of programs, to disseminate information, and to coordinate programs for better training and placement.

D. EXPAND WORKMEN'S COMPENSATION EXEMPTIONS

Enact Federal legislation to revise, and expedite settlement of cases covered by Workmen's Compensation laws; expand coverage to include more handicapping conditions; and provide increased and balanced (on a State-by-State basis) Second Injury funding.

E. MEASURES TO EXTEND INSURANCE TO HANDICAPPED PERSONS

Congress and state legislatures should enact legislation and authorize programs designed to prohibit insurance companies and/or employers from discriminating unreasonably against the handicapped based on higher risk. They should also assist employers to defray the increased costs which may be reasonably imposed for coverage of handicapped workers.

F. STATE FUNDING FOR OMBUDSMAN OR SIMILAR OFFICE

The states should provide funding for ombudsman or other central offices to enhance enforcement, handle and expedite complaints and grievances, promote hiring, increase public awareness, and perform other necessary functions to increase the equal rights of handicapped persons.

G. STRONGER ENFORCEMENT

The Justice Department and similar state agencies should provide stronger enforcement of antidiscrimination laws and all other laws regarding the handicapped such as the Vocational Rehabilitation Act, building codes, transportation codes, and the minimum wage laws.

J. EARMARK CETA AND WIN FUNDS

The Federal government should provide Work Incentive Program (WIN) and Comprehensive Employment and Training Act (CETA) funds only to employers who hire sufficient numbers of handicapped workers.

L. PROVISIONS FOR FLEXIBILITY IN JOBS

Federal and state governments should permit part-time employment and flexible work hours for handicapped employees and encourage similar considerations by private industry.

ECC I–4 ECONOMIC CONCERNS—EMPLOYMENT

How can existing corporate tax provisions be modified to improve access to employment for disabled persons?

A. FEDERAL TAX INCENTIVES

The Internal Revenue Service should revise, and/or amend, its corporate tax provisions to permit full, or partial, tax credits and/or deductions to employers of handicapped persons for hiring, training and facilities modifications for accessibility; payments for Social Security and Workmen's Compensation; special transportation of disabled workers; studies required for the implementation of job modifications; and, other expenses incurred in employment of disabled persons in the year in which they were incurred.

B. STATE TAX INCENTIVES

State Corporate Tax Divisions should revise, and/or amend, their corporate tax provisions to permit full, or partial, tax credits and/or deductions to employers of handicapped persons for hiring, training and facilities modifications for accessibility; equipment modifications;

and other expenses incurred in the employment of disabled persons in the year in which they were incurred.

C. FEDERAL SUBSIDIES

The Federal government should provide subsidies to employers for the expenses they incur in employing handicapped individuals; and for the special costs for facilities modifications, training, purchase of assistive devices and counselling.

D. SIMPLIFY PAPERWORK

Federal and State governments should simplify, and reduce in number, the official documents required for employer participation in programs designed to provide greater job opportunities for disabled persons, and in filing for related tax incentive programs.

E. MANDATORY EMPLOYMENT OF DISABLED PERSONS

The Federal government should require specifically identified industries, receiving special tax benefits, to employ established numbers of qualified disabled persons (quota system).

F. WRITEOFFS PER HANDICAPPED EMPLOYEE

The Internal Revenue Service, and State Corporate Tax Divisions, should revise, and/or amend, corporate tax provisions to permit tax writeoffs (credits) to employers based on the number of handicapped employees listed on corporate personnel records. Additional provisions should be enacted to give direct subsidies to corporations, or small businessmen, who hire persons who are so severely disabled that they cannot work a full day, nor earn a full wage.

ECC I-5 ECONOMIC CONCERNS—EMPLOYMENT

How could existing State and county licensing procedures and costs be modified to promote greater access to employment, and transportation to and from work, by handicapped individuals?

A. MERIT SYSTEM

Establish a licensing procedure which defines professional skill levels and proficiency levels for all such personnel, which would then allow handicapped individuals to seek positions based on merit and/or ability only.

B. GOVERNMENT REVIEW BOARD

Create a government Review Board to examine job-relatedness of licensing exams and how much of the subject matter of an exam could be learned through an apprenticeship. Establish equity in hiring, licensing and promotional procedures based on completion of an apprenticeship, or a qualifying (equivalent) examination.

C. BLIND COURT RECORDERS

State licensing procedures for blind court recorders are discriminatory and must be revised. Permit blind court recorders to use records and face masks in lieu of steno writer machines.

D. TRANSPORTATION SYSTEMS

There should be a comprehensive plan of mass transit systems developed at the Federal, State and local level. All systems should carry a mandate requiring total accessibility and use. This includes public systems for rolling stock (including railroads, subways, elevated systems and monorails), overland and metropolitan buses, Dial-a-Ride and taxis. Identical standards should be applied to carriers in the private sector, with tax credits available for required modifications or purchase of new vehicles. Transportation procedures and routes must be modified. There should be no extra charge in any system for carrying a wheelchair. Vehicles used by educational institutions should be available to carry disabled persons when not in use. Proposed FAA regulations regarding air travel by disabled persons, and existing Tariff Laws affecting handicapped travelers, should be permanently rescinded.

E. IDENTIFICATION

State Motor Vehicle Divisions should issue identifying plates for disabled individuals' automobiles, vans or other vehicles. Social Security Administration should issue identification cards for nondrivers which would serve to identify a person in any public or private establishment in lieu of a state issued driver's license.

F. DRIVER EDUCATION

State Motor Vehicle Division and Department of Education should establish free driver's education for handicapped persons.

ECC I–6 ECONOMIC CONCERNS—EMPLOYMENT

How can attitudes of supervisors be modified to ensure equal opportunity for career advancement for disabled workers?

A. TRAINING

All Federal Departments and agencies must be required to provide EEO-type training sessions, emphasizing utilization of handicapped workers, for supervisory personnel. State personnel offices could also conduct such programs. Private sector employers should include such a course in regular supervisory training programs to train supervisors in job modification and the needs and potential of persons with various categories of disability.

B. EDUCATION

Educate employers and training school personnel to become aware of handicapped individuals' abilities and create upward mobility opportunities for qualified disabled persons.

C. SUPERVISORY EVALUATION

Supervisory skills in employment of the handicapped should be included in official evaluation of supervisor's effectiveness.

ECC I–7 ECONOMIC CONCERNS—EMPLOYMENT

What is the most effective means of modifying negative attitudes toward handicapped persons, and resultant hiring behavior of employers, in the public and private sectors?

A. PUBLIC AWARENESS CAMPAIGN

Recommend expansion of existing advertising, educational and promotional programs funded by Federal and State agencies. Promote comprehensive, multi-media campaigns utilizing regional and local electronic (radio and television) outlets and print media (newspapers and magazines) outlets. Establish a nationwide Speaker's Bureau, composed of disabled persons and professionals who can present positive programs on employment of handicapped individuals.

B. TRAINING AND EDUCATION

Congress should appropriate additional funds for the Department of Labor, (and respective State legislatures enact appropriate funding legislation for State Departments of Labor), to provide employer training and education programs. State universities should be required to establish curricula requirements for students pursuing degrees in Schools of Business, emphasizing special courses related to employment of disabled persons.

C. PLACEMENT AGENCIES

Placement agencies should be required to provide the following services: Encourage handicapped individuals to prepare for other than traditional types of employment; should develop as many employer contacts for disabled clients as possible; should only employ qualified counselors to work with handicapped persons; provide comprehensive evaluation (follow-up) of placements. Also, should arrange conditional placements for disabled persons in all occupational fields; and should provide training in job-seeking skills for disabled persons. In addition, such activities should be monitored by professional staff members of the State Departments of Vocational Rehabilitation and Labor; such programs should be supported by State/Federal matching funds; and the programs should be evaluated annually.

E. SEMINARS

Public and private agencies and organizations should conduct seminars involving handicapped employees, handicapped persons who represent potential employees, employers and potential employers for the purpose of discussing action programs to expand employment opportunities for disabled persons. The seminars should include experts, consumers, parents and spouses.

F. GOVERNOR'S COMMITTEES

State Governor's Committees on Employment of the Handicapped should be strengthened through adequate staffing and increases in budgets through expanded State/Federal matching fund programs.

G. VOCATIONAL REHABILITATION PROCEDURES

Employment priority, in all cases, should be given to qualified disabled persons over equally qualified able-bodied persons for vocational rehabilitation positions; also, each State Governor should appoint more business and labor representatives to Vocational Rehabilitation policy boards.

I. LEGAL ASSISTANCE

The Federal Department of Justice, and the Congress, should provide funding for additional legal assistance for those handicapped individuals who claim discrimination in employment, promotional or termination proceedings.

ECC I–8 ECONOMIC CONCERNS— EMPLOYMENT

What techniques may be useful in minimizing the stigma of mental illness of persons seeking employment?

A. LEGISLATION

Persons diagnosed as being disabled by emotional disturbances must be included in all State and/or Federal statutes, and/or executive orders, or amendments to State and/or the Federal Constitution (under the general heading of "Mentally Disabled") speaking to acts of discrimination in employment against all disabled persons.

B. CIVIL SERVICE REGULATIONS

Enforce all Civil Service Regulations regarding employment of handicapped individuals.

C. PSYCHIATRIC EVALUATION STATEMENT

Provide employers with a psychiatric evaluation of a potential employee's strengths, weaknesses, need for medications, etc., to prevent misunderstandings of a disabled applicant's or worker's qualifications for a given position.

D. TRANSITIONAL EMPLOYMENT

Integrate "Transitional Employment" concepts into local industry and business.

E. ORGANIZE MENTAL HEALTH GROUPS

Organize Mental Health groups and community councils with Mental Health and Retardation representatives.

ECC I-9 ECONOMIC CONCERNS—EMPLOYMENT

How can business, labor and the professions effectively interact with volunteer, Federal, State and local agencies to support and perpetuate employment programs for disabled individuals?

A. STATE EMPLOYMENT SERVICE

State Employment Service and Vocational Rehabilitation representatives should be housed in common facilities. Employment Service should provide a handicapped representative at every Employment Service center, or Job Service office. The representative's location should be well publicized. That person must serve as a counselor, or placement specialist, for all disabled persons, and as liaison for other resource groups, including potential employers from the public or private sector.

B. PUBLIC AWARENESS CAMPAIGN

Conduct public awareness campaigns on the problems of employment of handicapped individuals and specifically on workmen's compensation coverage. Aim publicity at all audiences, particularly middle management representatives of government, labor organizations, business, industry and professional associations. Incorporate publicity into local VR activities.

C. CONFERENCES/MEETINGS

Schedule conferences between major employers, employment security organizations, rehabilitation groups and Governor's Committees on Employment of the Handicapped to facilitate better relationships and understanding of the occupational needs and potentials of the handicapped persons.

D. JOB MATCH SYSTEM

Develop a job match system with input of business, labor and government, and centrally located and coordinated in State Departments of Employment Security. Test for actual jobs, geared toward a particular disability.

E. MANPOWER PROGRAMS

Develop programs similar to CETA to create entry positions for handicapped people. Provide summer employment programs for handicapped persons.

F. COOPERATIVE JOB TRAINING

Create cooperative job training programs between private industry, trade union apprenticeships and training facilities, such as career education in junior and community colleges; area vocational centers, vocational education curricula and vocational rehabilitation. Start orientation as early as junior high school (7th through 9th grades).

G. RESEARCH

Secure a grant through CETA funds to do research on the cost of employment of the handicapped. Conduct a demographic study of individual needs and handicapping conditions to determine job availability. Support statistical research to illustrate the dollars expended and productivity lost in dealing with the unemployed individual. Review and consolidate research/support research on available jobs, rather than on unemployment.

H. RURAL JOB OPPORTUNITIES

Encourage private sector business and industry to create meaningful jobs in rural areas for handicapped individuals living in those areas.

ECC I-10 ECONOMIC CONCERNS—EMPLOYMENT

How can Federal and/or State agency testing procedures be improved for handicapped individuals?

A. REVISE TESTING PROCEDURES

Administer tests to disabled persons in barrier-free buildings. Modify tests currently used by Federal and State Civil Service Commissions and private sector. Develop alternate tests which fit handicapping conditions and adequately measure jobs. Insure validity for all handicapping conditions. Waive tests—use Vocational Rehabilitation evaluation and placement procedures for matching qualified disabled persons to existing jobs. Permit use of oral examinations when appropriate.

B. DEVELOP POINT SYSTEM

Provide equal opportunities for handicapped people by developing a point system similar to that afforded military veterans.

C. TEST DESIGN

Form committee of handicapped persons and professionals to design tests that are job related to measure the skills and abilities of handicapped individuals. Obtain normative data on handicapped individuals. Include deaf and blind persons in new test development and validation.

D. TEST TRAINING

Train handicapped individuals how to take employment tests.

E. TEST EXEMPTION

Exempt trained or experienced individuals from employment tests.

F. GOVERNMENT REVIEW BOARD

Create government review board to study validity of Federal/State exams. Remove invalid tests that create barriers to job performance.

G. TEST AIDS

Allow certain handicapped to bring an aide (such as a reader for blind persons or an interpreter for a deaf person). Allow extra time for handicapped persons for whom a timed examination constitutes an unnecessary and/or undesirable barrier to otherwise successful employment.

ECC I-11 ECONOMIC CONCERNS—EMPLOYMENT

How could Federal, and/or State, hiring procedures be improved for handicapped job applicants?

A. EQUAL EMPLOYMENT ENFORCEMENT

Enforce Equal Employment Opportunity and Affirmative Action Laws. Include the words "physically and mentally handicapped" on employment forms regarding "unlawful to discriminate against." Enforce Section 501 of the Rehabilitation Act of 1973. Enforce existing law that does not require certification of a disabling condition. Hire an increased number of disabled persons in public agencies and institutions. Utilize five per cent (5%) quota system minimum. Establish fines for public agency and institutional personnel who have hiring responsibility and do not comply with existing laws and/or regulations (including executive orders).

B. QUALIFIED PLACEMENT COUNSELORS

The State Employment Service should place the most qualified persons in charge of placement counseling, selective placement programs and follow-up of disabled workers.

C. SELECTIVE PLACEMENT

Expand present procedures, and use the merit system, to enable more selective placement in State and Federal agencies. Establish State and Federal incentive programs to employ more handicapped persons. Use computerized systems to match jobs with disabled persons. Up-grade placement coordinator training and classification.

E. EXAMINATION ASSISTIVE DEVICES

Provide assistive devices to handicapped individuals to enable equal opportunity to compete with others for positions available through State and Federal merit examinations.

F. SCHEDULE A (700-HOUR) APPOINTMENTS

Establish Schedule A (700-Hour) Appointments at State and local government levels, and among business and labor entities in the private sector. Determine solutions to the negative aspects of Schedule A Appointments. Revise medical requirements to permit greater job stability among disabled persons in government employment. Simplify certifications for such Appointments. Remove the requirement that a disabled person must be a client of Vocational Rehabilitation to establish eligibility for a 700-Hour appointment. Substitute a statement from a licensed physician as proof of eligibility.

G. ARCHITECTURAL BARRIERS

Provide barrier-free buildings for applying for employment, conducting job interviews, occupational testing and actual employment.

H. INTERPRETERS FOR COMMUNICATION PROBLEMS

Establish an agency to operate a computer bank that would list interpreters who would be available to assist disabled persons with communication disorders for employment interviews, on-the-job situations, or any other situational purpose.

I. PRIVATE PROGRAMS

Develop public agency experts to teach private employment agency representatives how to deal with handicapped persons, and to develop programs to respond to Affirmative Action plans of industry, business, labor and professional associations.

K. JOB SHARING

Develop Federal and State job-sharing programs, including part-time work to be shared by two or more persons. Open the program to disabled and non-disabled persons.

ECC I-12 ECONOMIC CONCERNS—EMPLOYMENT

How can existing Federal and State Civil Service regulations and procedures be modified to permit greater job access, mobility and advancement for disabled individuals?

A. STATE/FEDERAL CIVIL SERVICE JOBS

Develop comprehensive staffing plans. Strengthen affirmative action programs within the federal government and allocate a certain number of positions for handicapped individuals. Modify jobs and create career ladders for physically and mentally disabled persons.

B. FEDERAL CIVIL SERVICE JOB INFORMATION

Disseminate information on all phases of employment in a form the handicapped can utilize. The Federal CSC Job Information pamphlet printed for deaf persons should be revised to(1) include larger number of careers suitable for deaf applicants; and (2) eliminate all references to and implications about the types of education received by deaf applicants.

C. TESTING WAIVERS

Since many handicapped have been denied equal educational opportunities for vocational preparation, requirements should allow on-the-job apprenticeships in lieu of tests.

D. PREFERENCE

Offer preference similar to veterans preference to qualified handicapped persons.

E. FLEXIBLE WORKING HOURS

Federal and State Civil Service should allocate a certain number of positions in which handicapped individuals could work flexible hours.

ECC I-13 ECONOMIC CONCERNS—EMPLOYMENT

How can public and private financial institutions create greater access to venture capital (monies to be invested in self-employment, franchise operations, stocks, bonds or real estate) for handicapped individuals?

A. SPECIAL SBA FUNDS AND SERVICES

The Small Business Administration should create a special department providing low-interest, long-term loans and counseling and technical assistance services, in connection with the vocational rehabilitation service, to handicapped entrepreneurs.

B. SMALL BUSINESS ADMINISTRATION

State governments should establish state Small Business Administrations which, together with the vocational rehabilitation and employment services, provide and guarantee loan funding and other assistance required by handicapped entrepreneurs.

C. UPGRADE STATE RESOURCES

The state should provide additional training for vocational rehabilitation staff and should increase the money available for discretionary funds.

D. HOMEBOUND EMPLOYMENT

HEW should develop homebound employment programs for the handicapped with the Federal government providing fringe benefits such as life insurance, health insurance, sick pay, retirement, and unemployment payments. State vocational and employment services should then be responsible for developing jobs which could be done in the home.

E. NEW LAWS FOR FINANCIAL INSTITUTIONS

Congress, and State legislatures, should enact laws enabling public and private financial institutions to provide venture capital to handicapped persons. Also, lending institutions should be required to eliminate loan restrictions for disabled persons. Tax incentives should be provided to such institutions for granting loans to disabled entrepreneurs, for limited durations, such as that required for the start-up time needed to firmly establish any new business venture (enterprise).

F. PREFERENTIAL DIRECT BUSINESS SUBSIDIES

Federal and state agencies should provide funds for the purchase or establishment of businesses and maintaining at least 50% handicapped individuals in the work force.

H. COOPERATIVES

State and Federal agencies should sponsor financial cooperatives for handicapped individuals.

ECC I-14 ECONOMIC CONCERNS—EMPLOYMENT

How can union rules, and attitudes throughout all organized labor in the public and private sectors, be modified to provide greater employment opportunities for physically and mentally handicapped persons?

A. EDUCATION PROGRAMS

Federal and state agencies should develop programs to educate unions, employers, and the general public as to the capabilities of handicapped workers and the benefits of modifying tasks and providing special equipment so as to encourage employment of the handicapped.

B. ENFORCEMENT OF LEGISLATION

Federal and state governments should provide stronger enforcement of legislation prohibiting job discrimination against handicapped workers.

C. STRENGTHEN FEDERAL AND STATE REQUIREMENTS

Federal and state agencies should award contracts to unionized businesses only where the union, as well as the employer, demonstrates an affirmative action plan for handicapped individuals.

D. ADJUST UNION RULES AND REGULATIONS

Unions should adjust their rules and regulations to permit increased access for handicapped workers.

F. JOB RESEARCH

Federal and state agencies should undertake job analysis research relative to disabled workers and present findings regarding job skills and related job modifications to the unions.

ECC I-15 ECONOMIC CONCERNS—EMPLOYMENT

How can job training, career and vocational education programs be implemented and expanded to allow physically and mentally handicapped persons to be better prepared for semi-skilled, skilled and technical positions for which, through their qualifications, they should be able to compete?

A. ON-THE-JOB (OJT) PROGRAMS

Expand OJT and work experience programs so that all categories of physically and mentally handicapped individuals may have an equal opportunity to demonstrate individual abilities. Extend training through more apprenticeships. Implement state/federal matching fund programs, with built-in declining subsidies, to improve on-the-job programs.

B. VOCATIONAL SCHOOLS

Open all vocational training programs to handicapped persons (vocational "mainstreaming"). Lower vocational school admittance requirements, and modify classes to conform to handicapped individuals' needs. Provide additional funding for program expansion to include vocational/technical training for special education level 3

& 4 for those who have completed special education, and for educable mentally retarded individuals. Provide vocational testing at grade level 7.

C. TRAINING PROGRAMS

Open all training programs to all handicapped persons. Training programs should investigate alternative methods of job performance and should be modified to enable handicapped individuals to learn job skills. Training programs should be based on the real needs of the existing and potential job markets. Utilize new telephonic systems to train persons with upper extremity dysfunction for jobs requiring use of phone. Provide follow through. Allow training in leisure as well as skill areas. Coordinate training programs with available jobs. Establish a central testing facility.

D. IDENTIFY EMPLOYER NEEDS

Involve planning bodies within state in identifying local needs for specific skills. Assure that career and vocational schools, sheltered workshops, apprenticeships, colleges, and on-the-job training programs teach these skills and courses. Federal program funds should be provided to develop appropriate training programs and improve manpower projects.

E. AGENCY ADMINISTRATORS

State and federal agency administrators should implement affirmative action employment policies, job training, career and vocational education, and placement preparation programs should have sufficient flexibility to include extensive client input when developing an individual plan of rehabilitation, education and training, and placement.

F. PROFESSIONAL TRAINING

Provide more professional training for rehabilitation placement counselors and trainers specifically in job placement. Develop goal-oriented occupational counseling. Train job placement counselors and include a practicum requirement.

G. EARLY CAREER PLANNING

Early career development planning, with assistance of qualified rehabilitation and job counselors, must be guaranteed to each handicapped person. Realistic counseling, testing, and evaluation with provision for on-going support by schools and rehabilitation agencies, should be required in such programs.

H. ADVOCATE SYSTEM

Establish advocate system to represent the disabled and to secure group needs (e.g., monitor vocational programs to assure that money allocated for training is used for that purpose).

I. AFFIRMATIVE ACTION

Provide federal funding for vocational rehabilitation personnel hired specifically to serve as compliance officers to enforce and implement affirmative action plans.

N. BARRIER-FREE ENVIRONMENT

All working, training, career and vocational education, environments, and/or facilities, should be constructed free of architectural barriers if new construction. Also, existing facilities, including those leased or rented by business, industry, labor or professional associations, or any units of government, used for work, training, apprentice programs or vocational and/or career education, should be required to be modified in terms of accessibility for disabled workers, students or clients.

ECC II–1 ECONOMIC CONCERNS— OPPORTUNITY

What measures should be taken to assure continued Federal and State focus on the goal of serving the disabled consumer in job preparation programs?

A. EDUCATION PROGRAM

An ongoing education program re job preparation needs of handicapped persons needs to be established; such a program should be based on a periodic assessment of existing programs and job market trends. The program should be aimed at legislators and at educational and rehabilitation programs that prepare handicapped persons for employment.

B. FUNDING FOR ADDITIONAL EDUCATIONAL COST

Provide Federal and State funding in sufficient amounts to cover the additional cost for educating disabled students (i.e., reader services for the blind, interpreter services for the deaf, etc.).

C. JOB MARKET SURVEYS RE TRAINING

Conduct local and State job market surveys to determine training needs and to identify on-the-job training opportunities. Evaluate projected employment requirements and provide training relevant to employment trends and available jobs—preferably jobs that pay sufficient wages to compensate for the extraordinary expenses of handicapped workers.

D. ADMINISTRATION OF EDUCATIONAL PROGRAMS IN STATE INSTITUTIONS AND HOSPITALS

Place *all* educational programs in State institutions and hospitals under the Special Education Division of the State Department of Education and expand adult education programs in these settings to cover those who can't be covered under Special Education. Improve the quality, quantity, and equity of cost of educational programs for the mentally retarded and emotionally disturbed who reside in State institutions and hospitals.

E. COUNSELOR TRAINING

Require that program counseling personnel receive appropriate training re handicapping conditions.

F. HIGH PRIORITY FOR JOB TRAINING

Give high priority to job training programs for the handicapped in Federal/State budget allocations.

G. EVALUATION OF TRAINING PROGRAMS

Evaluate all training programs for the handicapped (including adequacy of staff) to determine their effectiveness and provide feedback to trainers in order to enhance effectiveness of programs.

I. EDUCATIONAL SERVICES FOR HIGH SCHOOL AGE HANDICAPPED STUDENTS

Provide "work study" and similar programs for handicapped students with less obvious handicaps (i.e., slow learner and emotionally handicapped students). Create educational programs that are flexible and sensitive to the changing needs of the job market and handicapped persons.

K. ADMISSION TO ARMED FORCES

The Armed Forces should re-evaluate physical screening requirements to assure that no individual is discriminated against due to changing or minimally handicapping conditions.

ECC II-2 ECONOMIC
CONCERNS—
OPPORTUNITY

How can adequate job preparation, and continued preference, for the severely disabled veteran, especially those with compounding minority status and little job training, be guaranteed and expanded?

A. FEDERAL GUIDELINES RE TRAINING

Strengthen and expand Federal guidelines for training, and hiring, the severely disabled, particularly veterans. Include incentives for developing training and employment opportunities in "Projects With Industry."

B. ON-THE-JOB TRAINING

Encourage the use of on-the-job training to prepare severely disabled veterans for employment; increase funding for on-the-job training.

C. COORDINATION OF SERVICES

Establish State and local committees to better coordinate services available to severely disabled veterans, including services available through the Veterans Administration, Employment Service and Department of Vocational Rehabilitation.

D. TRAINING FOR AGENCY PERSONNEL

Provide appropriate training for professional and non-professional personnel in State and local "job preparation" agencies so that they can more effectively advise disabled veterans re benefits and educational and employment opportunities.

E. INFORMATION AND REFERRAL OFFICE

Establish a central information and referral office to advise handicapped persons, including disabled veterans, of business prospects and financing, job opportunities and other economic information. Such service could be provided by a State level independent "Office for the Handicapped."

F. PRIORITY IN THE PROVISION OF VOCATIONAL EVALUATION AND TRAINING SERVICES

Revise Federal and State policies and administrative practices to give top priority to severely handicapped persons, particularly veterans, in the provision of vocational evaluation and training services.

G. MEDICAL AND INCOME BENEFITS

Maintain medical and income benefits for severely disabled persons, particularly veterans, enrolled in training programs; maintain such benefits for those severely disabled persons that are underemployed.

H. ADVOCACY BOARD

Agency decisions to refuse or cut off training should be reviewed by an outside advocacy board or committee.

ECC II-3 ECONOMIC
CONCERNS—
OPPORTUNITY

How can existing Federal and State personal income tax provisions be modified to guarantee equitable tax treatment for handicapped persons?

A. BROADEN ALLOWABLE DEDUCTIONS AND EXCLUSIONS

Federal and State personal income tax provisions should be modified to allow deductions, exclusions or other relief for all extraordinary handicap-related expenses such as equipment, attendants, clothing, transportation, housing needs, home renovation, vocational training or schooling, and special cost to gain or hold employment.

B. EXTENSION OF DOUBLE EXEMPTION

Federal and State personal income tax provisions should be modified so as to extend to handicapped individuals the extra exemptions currently available to the blind and the elderly.

C. INCREASE ALLOWABLE MEDICAL DEDUCTIONS

Federal and State personal income tax provisions should be modified to eliminate the one percent and three percent limitations on medical expense deductions completely or to allow all medical deductions above a very small level.

D. STANDARD DEDUCTIONS OR CREDITS ACCORDING TO SEVERITY

Federal and State personal income tax provisions should be modified to permit a sliding scale of standard deductions or credits for handicapped individuals, or their parents or guardians, based on the severity of the handicap as determined by special boards.

E. INCREASED DEDUCTIONS AND EXEMPTIONS FOR PARENTS/GUARDIANS

Federal and State personal income tax provisions should be modified to increase the exemptions and deductions to parents and guardians for the care of totally disabled persons, including expenses required in order for the parent or guardian to work.

G. HIGHER FLOOR FOR UNTAXED INCOME

Federal and State tax structures should be revised to compensate handicapped individuals or parents or guardians for their expenses by raising the level of untaxed income.

L. DIRECT REBATES TO HANDICAPPED TAXPAYERS

Federal and State income tax provisions should be modified to provide handicapped persons with direct rebates for physical aids and medical expenses, including attendants.

M. EXTEND LOW-INCOME TAX CREDITS TO LOW-INCOME HANDICAPPED

Federal and State personal income tax provisions should be modified to extend to low-income handicapped persons the negative tax credits currently allowed to low-income parents.

Q. CONFORMITY OF STATES WITH FEDERAL TAX PROVISIONS

States and local jurisdictions should revise their personal income tax provisions to conform to the Federal provisions.

ECC II–4 ECONOMIC CONCERNS—OPPORTUNITY

How can existing State taxes on real property be modified to improve access to adequate housing for handicapped individuals?

A. EXCLUSION OF MODIFICATION EXPENSES FROM ASSESSED VALUE

State tax provisions on real property should be modified to exclude the cost of accessibility-related home improvements in determining the market value of houses owned by or rented to handicapped individuals.

B. HOMESTEAD EXEMPTION

State tax provisions on real property should be modified to allow a $10,000 assessed value exemption for homes occupied by handicapped persons.

C. PRIORITY IN ACQUIRING GOVERNMENT LAND

The States should give priority to handicapped persons in acquiring plots of State land.

D. REDUCTION OF MODIFICATION EXPENSES TO SALVAGE VALUE OF MATERIALS

State tax provisions on real property should be modified to consider only the salvage value of materials used in accessibility-related improvements in determining the market value of homes owned by or rented to handicapped individuals.

E. TAX CREDITS FOR RENTAL UNITS

The States should provide tax credits for accessibility modifications and for damage or excessive wear in rental units occupied by the handicapped.

ECC II-5 ECONOMIC CONCERNS—OPPORTUNITY

How can tenant regulations be modified to permit equal rights to rental, leased or other housing for disabled persons?

A. ANIMAL RESTRICTIONS

Eliminate restrictions on necessary animals, such as guide dogs, for handicapped tenants; building owners should not be responsible for damage caused by tenants' animals.

B. SUBSIDIES

HUD should develop rent subsidy programs for the handicapped comparable to those now available to low-income groups; subsidies for structural modifications should also be provided for handicapped homeowners and landlords who rent to handicapped tenants.

C. ZONING LAWS

Educate the community re zoning laws and their restrictive impact on the provision of housing for the handicapped.

D. LOW COST HOUSING

Amend building regulations to expedite the accommodation of handicapped persons in low cost housing.

E. ADVOCACY COMMISSION

Establish an Advocacy Commission on Housing for the Handicapped.

F. STRUCTURAL CHANGES AND MODIFICATIONS

Structural changes (i.e., for accessibility) agreed upon by the handicapped renter and building owner should be in writing; the expense for such modifications should not be deducted from the damage deposit. Temporary modifications should be paid for by the renter, and permanent modifications should be financed through tax incentives.

G. LEGAL AID SOCIETY

The Legal Aid Society, and similar legal assistance and advocacy groups, should be educated re how to assist disabled persons in housing and rental matters; such legal resources should also provide assistance to developmentally disabled persons re lease agreements prior to signing.

I. FINANCIAL ASSISTANCE RECIPIENTS

Allow handicapped persons receiving public financial assistance (i.e., Public Assistance; Supplemental Security Income; Social Security Disability Insurance) to accumulate savings to purchase modified housing, special equipment, special household furnishings, etc.

ECC II-6 ECONOMIC CONCERNS—OPPORTUNITY

How could existing State and local sales taxes be modified to improve the quality of life for handicapped individuals through reduced cost for food, prescription medication and clothing?

A. EXEMPT CERTAIN HANDICAPPED-RELATED PURCHASES FROM SALES TAX

The States should modify sales tax laws to exempt handicapped persons from paying sale taxes on all handicapped-related purchases, such as medicine, prosthetics, special equipment, clothing, communications, and transportation.

B. COMMITTEES FOR LEGISLATIVE REVIEW

Committees should be formed to review the current sales tax system and enact new legislation with regard to the application of sales taxes to the handicapped.

C. SLIDING SCALE OF SALES TAX

The States should provide varying sales tax reductions on all handicapped-related purchases, depending on income and/or level of severity.

D. UNIVERSAL ID CARD

The Federal Government and the States should implement a feasibility study on the issuance of universal ID cards to handicapped persons, and then issue them with established guidelines.

E. LOW COST COMMUNICATIONS EQUIPMENT

The State Utility Commission should require the communications system to furnish special equipment to handicapped persons at cost or on a non-profit rental basis.

ECC II-7 ECONOMIC CONCERNS—OPPORTUNITY

What Federal, State and local regulations must be changed to secure a universally acceptable identification card for handicapped individuals, other than a driver's license, to facilitate financial and social transactions necessary to activities of daily life?

A. STATE MOTOR VEHICLE DEPARTMENTS

Upon certification of a disabling condition by a physician, the State Motor Vehicle Department could issue ID cards for the handicapped; card cost should not exceed the cost of materials.

B. PUBLIC RELATIONS CAMPAIGN

Issuance of ID cards for the handicapped should be accompanied by a massive Federal/State public relations campaign to acquaint businesses with the program.

C. DISABILITY DETERMINATION

Establish a single disability determination unit in each State to determine eligibility for and to issue identification cards for handicapped individuals.

ECC II-8 ECONOMIC CONCERNS—OPPORTUNITY

What legislation is needed to correct barriers to credit?

A. STRENGTHEN STATE LEGISLATION

State legislatures should broaden existing credit legislation to prevent discrimination against the handicapped in credit matters and enact new legislation where necessary.

B. AMEND EQUAL CREDIT OPPORTUNITY ACT

Congress should amend the Equal Credit Opportunity Act to include physical disabilities.

C. FEDERAL LOANS

The Federal Government should provide or guarantee low-interest loans to persons for such items as appliances, dwellings, work-related expenses, and business ventures.

D. CHANGE INSTALLMENT CONTRACT PROVISIONS

States should amend the Truth-in-Lending Act to extend the payment period on installment contracts.

E. FEDERALLY SUBSIDIZED CREDIT UNION

The Federal Government should provide funding for a special credit union run by and loaning to handicapped individuals.

F. PUBLIC AWARENESS CAMPAIGN

A nationwide media campaign should be developed to dispel the negative image of handicapped persons as credit risks.

ECC II-9 ECONOMIC CONCERNS—OPPORTUNITY

How could the Second Injury Clause of the Workmen's Compensation Laws be modified to permit employment?

A. EDUCATION AND AWARENESS PROGRAMS

Federal and State agencies should develop programs to educate employers and insurance companies as to the meaning of the Second Injury Clause of the Workmen's Compensation laws. Related programs should be directed toward educating handicapped persons about the provisions of the laws.

B. FEDERAL INSURANCE SUBSIDIES

The Federal Government should establish a compensation department to provide funds to the States to provide insurance for individuals with certain handicaps on a cost-sharing basis with the employer.

C. UNIFORM FEDERAL LAWS

Congress should enact legislation which requires every State to have a Workmen's Compensation law in compliance with the Federal laws.

D. WORKMEN'S COMPENSATION RISK AND BALANCE

The States should amend the Workmen's Compensation laws to spread the risk across all employers in proportion to the total number of employees, both handicapped and non-handicapped, so as to stabilize the insurance cost of any employer, regardless of the number of handicapped individuals employed.

E. REDUCE OR ELIMINATE THE TWO-YEAR CLAUSE

Congress and State legislatures should amend the Second Injury laws by reducing or eliminating the two-year clause, with State reimbursement during that period to the insurance company.

G. BROADEN COMPENSATION COVERAGE

The States should provide special compensation to injured employees for appliances and other necessary equipment needed as a result of the injury.

H. LEGAL ASSISTANCE

Federal and State agencies should provide funds to handicapped persons for legal or advocacy services required in claims processing under Workmen's Compensation laws.

I. LEGAL REQUIREMENTS OF INSURANCE COMPANIES

State laws should require insurance companies to explain the Second Injury Law to all prospective employer customers.

J. REPEAL SECOND INJURY CLAUSE

The Federal Government should exempt the second employer from liability.

K. SECOND INJURY CARDS

State Vocational Rehabilitation bureaus should provide second injury cards to all handicapped persons.

L. SEPARATE WORKMEN'S COMPENSATION PROGRAMS FOR THE HANDICAPPED

The States should establish separate insurance programs to handle the claims of handicapped workers.

ECC II-10 ECONOMIC CONCERNS—OPPORTUNITY

How can transfer programs for handicapped persons be integrated with a negative income tax plan?

A. NEGATIVE INCOME TAX RATE

The Federal Government should provide all handicapped persons, regardless of employment status, with various direct subsidies depending upon the degree of disability. Eligibility for vocational and medical rehabilitation should remain constant, but the negative income tax rate should be adjusted inversely with the degree of disability and the individual's income. Benefits paid to the completely disabled, including retirees and children, should be above the poverty level, and tax free.

B. CONSERVATOR FEES

Federal and State agencies should provide conservator fees for mentally disabled persons to handle SSD and SSI payments.

C. EXTEND SSI TO PUERTO RICO

The Federal Government should extend SSI benefits to resident citizens of Puerto Rico.

ECC II-11 ECONOMIC CONCERNS—OPPORTUNITY

How can provisions of existing Federal programs support efforts to develop and implement effective job placement programs?

A. SHIFT OF PLACEMENT RESPONSIBILITIES

Job placement responsibilities should be shifted from the Department of Labor agencies to Vocational Rehabilitation agencies which, in turn, should develop the position of "placement specialist."

B. CIVIL RIGHTS PROTECTION

The employment rights of handicapped persons should be protected under the Civil Rights Act.

C. ADVOCATE

Agencies providing job placement services should also provide personnel who can advocate a handicapped person's interests in cases of employment discrimination.

D. COUNSELOR AND CASEWORKER POSITIONS

Give priority to Federal funding for positions of counselor and caseworker; hire handicapped persons to fill these positions. Counselors should receive more actual experience counseling handicapped persons during their training in order to avoid the common problem in rehabilitation counseling of "putting the problem aside."

E. JOB INFORMATION SYSTEMS

Coordinate job information systems such as JOB BANK and manpower employment projections on a national level—broken down to local area needs. Establish a central information and referral system that will locate employment opportunities for handicapped individuals and provide for the referral of qualified applicants.

F. PUBLICITY AND PROMOTIONAL PROGRAM

Create a publicity and promotional program aimed at informing handicapped persons of their rights under the Rehabilitation Act of 1973 and assistance available to them; the campaign should inform employers as to their responsibilities under law and public policy.

G. EMPLOYER INVOLVEMENT

Provisions must be made to involve employers and organizations of employers at an early stage in the vocational rehabilitation process via visits to training centers, placement advisory groups, etc. Wherever possible vocational rehabilitation training centers should have advisory boards made up of employers, including executives, personnel officers and front-line supervisors.

H. MEDICAL INSURANCE

Use Federal funds to conduct research re the extent to which sickness and non-work related injuries of handicapped persons increase the cost of group employee medical insurance. If increased cost does occur, use tax credits or direct Federal grants to offset such cost *or* enable handicapped individuals to be excluded from employer's medical coverage and be covered by Medicare or Medicaid.

I. NATIONAL ALLIANCE OF BUSINESSMEN

Expand the National Alliance of Businessmen JOBS Program to include the handicapped.

K. RANKED PLACEMENT CREDIT

Give higher credit to counselors for placement of severely disabled persons; develop ranked placement credit system.

ECC II-12 ECONOMIC CONCERNS—OPPORTUNITY

How can we ensure that rehabilitation specialists have the technical skills needed to execute job placement for handicapped persons?

A. TRAINING OF REHABILITATION SPECIALISTS

Educational programs for rehabilitation specialists should include more practicum training with extensive exposure to handicapped persons. There should be intensive and continual cross training between rehabilitation specialists and those who work in Department of Labor funded job placement programs. Rehabilitation specialists that work with deaf or blind persons should receive appropriate specialized training. Job modification and human engineering training should be part of the curricula. All rehabilitation personnel should have more training in architectural barrier removal.

B. PLACEMENT SPECIALISTS

Designate full-time staff to work as placement specialists in each Vocational Rehabilitation office.

C. HIRING HANDICAPPED PERSONS AS REHABILITATION SPECIALISTS

More handicapped persons should be trained and hired as rehabilitation specialists, particularly in the job placement area.

D. CERTIFICATION OF REHABILITATION SPECIALISTS

Each State should establish a licensing board to review the qualifications of rehabilitation specialists and provide periodic certification of skills. Consumers should play a role on such boards.

E. MANPOWER NEED PROJECTIONS

Manpower need projections that identify specific job needs for up to a five-year period should be made available to rehabilitation clients.

F. ORGANIZED LABOR

Work closely with organized labor to develop entry level positions for handicapped persons in apprenticeship training and employment programs. Provide consultant services to organized labor to assist in the development of job specifications and descriptions that are particularly appropriate for handicapped persons in shops under union contract.

I. RE-ORDERING OF VOCATIONAL REHABILITATION "CLOSURE" PRIORITIES

De-emphasize numbers game and give more recognition to quality service provided to severely disabled persons. Establish system of "weighted" closures that recognizes quality work.

ECC II–13 ECONOMIC CONCERNS—OPPORTUNITY

How may the performance of the U.S. Employment Service be improved to facilitate greater job opportunities for handicapped individuals?

A. INCREASED STAFFING TO WORK WITH HANDICAPPED APPLICANTS

Provide Federal funding to ensure that each Employment Service office has at least one staff member fully involved in placement of handicapped applicants. Number of positions created to work with the handicapped should be based on each community's estimated incidence of handicapped job seekers.

B. STAFF TRAINING

U.S. Employment Service staff should be better trained regarding the vocational capabilities of handicapped persons. Specialized training is needed for staff that will be working with deaf, blind individuals, or mentally disabled persons.

C. COOPERATION WITH OTHER AGENCIES

A strong program of cooperation must be developed between U.S. Employment Service offices and those of the Department of Vocational Rehabilitation and the Veterans Administration. Sharing of JOB BANK and labor market information is a crucial area of needed cooperation.

D. HIRING OF HANDICAPPED PERSONS

U.S. Employment Service should take more affirmative action to hire qualified handicapped persons for various jobs within its respective offices.

E. SERVICES AND INFORMATION TO EMPLOYERS

U.S. Employment Service offices should provide extensive information to employers re Section 503 and 504 of the Rehabilitation Act of 1973. U.S. Employment Service should also work with employers to establish realistic physical standards based on minimum qualifications needed for adequate and safe performance.

G. DATA SYSTEM

U.S. Employment Service should establish a computerized data system that can be used to match the job skills of handicapped individuals with current job openings.

H. INCREASE EMPHASIS ON JOB PLACEMENT

U.S. Employment Service should place more emphasis on job placement and less on job referral in order to more effectively serve handicapped applicants.

I. CREATIVE APPROACH TO EMPLOYMENT

State and local employment agencies should be more creative in their efforts to develop employment opportunities for handicapped individuals. Such efforts should include the development of homebound employment and creation of co-ops of disabled workers.

J. LIAISON WITH CETA

Local employment security offices should create effective liaisons with CETA programs to serve handicapped persons.

K. NEW EMPHASIS IN U.S. EMPLOYMENT SERVICE SERVICES

U.S. Employment Service should place less emphasis on unemployment services and more on employment services, change its service delivery approach from statistics gathering to serving people, and change emphasis from immediate placement to long-term vocational objectives.

L. U.S. EMPLOYMENT SERVICE/VOCATIONAL REHABILITATION COOPERATION

Where there are inadequate resources to designate employment security staff to serve handicapped applicants, then arrangements should be made for Vocational Rehabilitation agencies to assign staff to Employment Service offices.

M. U.S. EMPLOYMENT SERVICE DEFINITION OF "HANDICAPPED APPLICANT"

The U.S. Employment Service definition of "handicapped applicant" should be synchronized with the affirmative action definition in the Rehabilitation Act amendments of 1974.

N. CHANGE IN FUNDING METHOD

The Employment and Training Administration of the U.S. Department of Labor should change its U.S. Employment Service funding method from a "unit/time" basis to a "services needed" basis so that necessary funds for on-the-job training, job placement, and supportive services for handicapped applicants can be provided.

P. JOB SEEKING SKILLS TRAINING

U.S. Employment Service should develop an effective, short-term program in job seeking skills for handicapped applicants.

R. QUOTA FOR PLACEMENT

Local U.S. Employment Service offices should be assigned a quota of handicapped persons that must be placed in employment just as they are given a comparable assignment for the non-handicapped; the quota should relate to the percentage of handicapped persons in the local population.

ECC III-1 ECONOMIC CONCERNS—SECURITY

How can existing State disability insurance laws and regulations be modified to assure adequate income maintenance?

A. EXPAND MEDICAL COVERAGE AND EXTEND ELIGIBILITY FOR MEDICAL COVERAGE

The States should expand medical benefits to cover such items as drugs, medical hardware, and nursing and should provide medical benefits to handicapped persons regardless of income or employment status.

B. ALLOW HIGHER INCOME AND ASSETS

The State disability insurance laws should be amended to allow higher earned income before termination of benefits and should exclude such items as trust funds, home or capital investments in determining eligibility of handicapped persons for benefits.

C. REGULATION OF PRIVATE INSURANCE COMPANIES

The States should enact legislation of private insurance companies which: (a) prohibits denial of insurance to handicapped persons, including no-fault, solely on the basis of a handicap; (b) insures the use of current and realistic actuarial tables for handicapped persons; (c) obligates the State to pay any excess above the normal premiums assessed against handicapped persons; and (d) prohibits the reduction of disability payments once they begin, regardless of increase in Federal payments.

D. SPECIAL TAX RELIEF FOR HANDICAPPED PERSONS

State and Federal tax should be revised to provide relief for handicapped persons, such as deductions for all medical expenses, extension of blind and aged exemptions to the handicapped, exclusion of earned income up to the level of Social Security taxes, and deductions for special home maintenance or employment transportation cost. Special instructions should be developed and distributed.

E. ASSISTANCE TO EMPLOYERS

The Federal and State governments should provide grants, matching funds, or other subsidies to employers who incur higher insurance rates as a result of employing handicapped individuals.

F. HEALTH AND ACCIDENT INSURANCE

The Federal and State governments should provide health and accident insurance for all handicapped individuals over age 21.

J. TEMPORARY DISABILITY INSURANCE

The Federal and State governments should provide temporary disability insurance benefits for income maintenance, regardless of employment status or history.

L. CONTINUATION OF GROUP HEALTH INSURANCE

The States should enact legislation which mandates the continuation of employer group health insurance policy coverage for handicapped persons after their termination for injury or recession.

Q. MATCHING GRANTS FOR VOCATIONAL REHABILITATION

The Federal Government should make matching grants to States which sponsor vocational rehabilitation.

S. PURCHASE OF MEDICARE COVERAGE

Handicapped persons should be permitted to purchase Medicare coverage, regardless of their age or income.

ECC III-2 ECONOMIC
CONCERNS—SECURITY

What is the appropriate role for the sheltered workshop?

A. VOCATIONAL EVALUATION AND TRAINING SERVICES

Sheltered workshops should provide vocational evaluation and training services to handicapped individuals preparing to enter the competitive labor market, as, to most handicapped persons it serves as an interim step to employment in the public or private sectors.

B. MINIMUM WAGE

Federal and State governments should pass legislation and appropriate funds to supplement the wages of persons employed in sheltered workshops so they can earn at least the minimum wage.

C. EXTENDED EMPLOYMENT FOR SEVERELY DISABLED PERSONS WHO CANNOT ENTER THE COMPETITIVE LABOR MARKET

Sheltered workshops are to provide extended employment for severely disabled persons who cannot enter the competitive labor market.

D. PLACEMENT

Each sheltered workshop should have at least one qualified placement specialist to place disabled clients in competitive employment in jobs that are both meaningful and that provide equitable compensation; such individuals should provide follow-up services to clients on an "as needed" basis.

E. HANDICAPPED EMPLOYEES

Sheltered workshops should use qualified handicapped people as supervisors to facilitate understanding and communication with handicapped clients.

F. ACCREDITATION

State Divisions of Vocational Rehabilitation should create well-defined, expedient workshop accreditation procedures.

H. PROJECTS WITH INDUSTRY

Sheltered workshops should be encouraged to enter into projects with industry that provide training to sheltered workshop employees in an industrial setting as a prelude to competitive employment.

L. TRAINING OF SHELTERED WORKSHOP PERSONNEL

Workshop supervisors and other appropriate personnel should be more adequately trained in the rehabilitation process and production procedures.

M. PUBLIC EDUCATION

Sheltered workshops should mount a public education campaign utilizing the media to create more positive images and to eliminate the stigma attached to working in a sheltered workshop.

O. PROGRAM SUBSIDY

Federal and State funding should be available to subsidize sheltered workshops so that the profit incentive will not exert undue influence on programs available to handicapped individuals in the areas of habilitation, rehabilitation and vocational training.

Q. SINGLE STATE AGENCY

A single State agency should be established to ensure that sheltered workshops are managed and utilized in an appropriate way.

T. MAINTENANCE OF SUPPLEMENTAL SECURITY INCOME AND SOCIAL SECURITY DISABILITY INSURANCE BENEFITS DURING TRIAL WORK PERIODS

There should be a six to twelve-month trial work period, after an individual leaves a sheltered workshop and enters competitive employment, during which he can continue to receive Supplemental Security Income and Social Security Disability Insurance benefits; when the trial period ends the individual should continue to receive Medicaid or Medicare benefits if he cannot obtain comparable coverage from his employer.

ECC III-3 ECONOMIC CONCERNS—SECURITY

What is the appropriate role for the work activity center?

A. OUTLET FOR GAINFUL ACTIVITY, SOCIALIZATION AND LIFE ENRICHMENT

The work activity center should provide an outlet for gainful activity, socialization and life enrichment for severely disabled persons who cannot participate in a regular sheltered workshop setting.

B. EVALUATION OF CLIENTS

Clients in work activity centers should be routinely and periodically evaluated to assess their capacity to move into sheltered workshops or other appropriate programs; clients should have input re their placement outside the work activity center.

C. TITLE XX FUNDING

Work activity centers should be given more support under Title XX funding.

D. THERAPEUTIC ENVIRONMENT

The role of the work activity center is to provide a therapeutic environment for severely handicapped individuals with the ultimate objective of making the community more accessible to them; the program incorporates therapy, counseling and daily living skills training in a working situation to teach the handicapped person a sense of self-worth and how to cope with all aspects of living.

E. FEDERAL AND STATE GOVERNMENT CONTRACTS

Work activity centers should be given preference by Federal and State government re contracts for the provision of goods and services.

ECC III-4 ECONOMIC CONCERNS—SECURITY

Should sheltered workshops be decentralized into neighborhood locations, adjacent to existing work locations, or with community residential facilities?

A. NEIGHBORHOOD LOCATIONS

Establish neighborhood locations to assist in mainstreaming handicapped persons in society; when sheltered workshops are adjacent to industrial settings it prompts positive relationships that should facilitate contract procurement, cooperative training efforts and job placement. Neighborhood-based workshops also tend to diminish transportation problems.

B. SURVEY

Conduct a survey of existing and projected employment opportunities, availability of contracts and accessibility to the handicapped population to be served, to better locate sheltered workshop.

C. COMMUNITY RESIDENTIAL FACILITIES

Locate sheltered workshops in or near community residential facilities to diminish the problem of transportation for those unable to travel independently.

ECC III-5 ECONOMIC CONCERNS—SECURITY

Should work activity centers for non-employable disabled individuals be operated by public agencies such as schools, municipal recreation departments, or day-care agencies?

A. MAINSTREAMING

Work activity centers should be operated by public schools, recreation departments and day-care agencies to provide the advantage of mainstreaming severely handicapped children with their non-disabled peers.

B. ECONOMY

Agencies already in existence, such as schools, recreation departments, etc. should be able to operate work activity centers more economically as an adjunct to their existing programs.

C. HANDICAPPED ADMINISTRATORS

Whenever possible qualified handicapped persons should be given the opportunity to administer work activity centers.

D. CONSUMER INVOLVEMENT

Consumers should have some input re the effectiveness of work activity center programs.

ECC III-6 ECONOMIC CONCERNS—SECURITY

What should be the alternatives for handicapped persons for whom employment should not be an objective?

A. MINIMUM INCOME LEVEL

A guaranteed minimum income level should be established for those handicapped persons for whom work is not an objective; such an income should have provisions for cost of living adjustments. Those with abnormally high living expenses should be eligible for supplemental payments.

B. RECREATION AND THERAPEUTIC UNITS

Recreation and therapeutic units should be established to provide leisure time activities and to teach activities of daily living to those for whom employment is not an objective.

C. HOME CARE

Home care programs should be established for severely disabled persons for whom employment is not an objective.

F. REVISE SERVICE ELIGIBILITY LAWS

Revise existing service eligibility laws to prevent families of unemployable handicapped individuals from being forced to lower their standard of living to the poverty level by using their income and savings to insure economic security for their disabled family members.

G. UNEMPLOYABLE HANDICAPPED PERSONS AS AIDES

Explore situations in which unemployable handicapped persons can provide assistance to other handicapped persons.

H. RESEARCH

Conduct research with reference to meaningful activities for handicapped persons who are unemployable.

I. DAY CARE FACILITIES

Day care facilities should be available to unemployable handicapped persons with a provision for live-in respite care as a service to the families of these persons.

ECC III-7 ECONOMIC CONCERNS—SECURITY

Should the legislative requirement in the Rehabilitation Act of 1973 for preference in services to the severely disabled be modified to include all categories of disability?

A. RETAIN AND STRENGTHEN PREFERENCE

Congress should *retain* and clarify the legislative requirement in the Rehabilitation Act of 1973 for preference in services to the severely disabled and should expand the services to severely disabled persons and their families.

B. REMOVE PREFERENCE

Congress should amend the Rehabilitation Act of 1973 to *remove* preferences in services to the severely disabled and include all categories of disability.

C. CHANGE CRITERIA FOR EVALUATION OF COUNSELORS

The State Vocational Rehabilitation service should amend criteria for personnel evaluations by providing weighting factors which would grant more credit for getting the severely disabled back to work.

D. INSURANCE DURING VOCATIONAL REHABILITATION

The States should amend disability and Workmen's Compensation laws to require employers to provide insurance during vocational rehabilitation.

E. MONITORING

Federal and State agencies should provide funding for the monitoring of Section 503 of the Rehabilitation Act so that a disability group could work on a trial basis without fear of job loss.

F. POINT SYSTEM

The Federal Government should establish a point system for determining severity of disability and the effective services required to maximize a handicapped individual's employability.

G. SEPARATE CLOSURE FOR INDIVIDUALS WITH DEGENERATIVE PHYSICAL CONDITIONS

The State Vocational Rehabilitation service should establish a separate closure category for individuals leaving a vocational plan because of a degenerative physical condition.

H. UPGRADE IMPORTANCE OF LIVING SKILLS

Congress should strengthen the language in the Rehabilitation Act of 1973 which de-emphasizes employment and upgrades the importance of living skills where employment is unrealistic.

ECC III-8 ECONOMIC CONCERNS—SECURITY

How can advocacy and legal services be provided to mentally disabled persons who become naive offenders, or who suffer economic hardship due to civil or criminal proceedings?

A. COURT APPOINTED ATTORNEYS AND TRAINED POLICE OFFICERS

Court appointed attorneys should be made available for naive offenders and arresting and booking police officers should be trained to recognize and assist disabled persons in need of such assistance.

B. LEGAL NEEDS FOR OTHER HANDICAPPED PERSONS

There is a need for advocacy and legal services for handicapped persons other than the mentally disabled, including retarded, deaf and other disabled persons.

D. AGENCY RESPONSIBILITY

Agencies that serve handicapped persons should have ombudsmen that can direct a naive offender to the appropriate legal resources.

E. LEGAL SEMINARS

Fund and initiate legal seminars for judges and attorneys re the legal problems of naive offenders.

F. LAW SCHOOL CURRICULUMS

Law school curriculums should include courses on the legal rights and problems of disabled individuals.

G. LOCAL GOVERNMENT UNITS

Obtain funds through the Law Enforcement Assistance Administration and other such programs to establish legal advocacy units for the handicapped in local units of government.

H. COUNSELORS

Counselors should be available to naive offenders to advise on how to obtain legal assistance, to serve as advisers re sentencing, etc., and to help the disabled individual obtain the necessary supportive services such as treatment, financial aid, etc.

ECC III–9 ECONOMIC CONCERNS—SECURITY

How can Supplemental Security Income (SSI) programs be modified to improve interim income maintenance for permanently and severely handicapped individuals?

A. FEDERAL SUPPORT FOR FRINGE BENEFITS

Provide the full range of fringe benefits to long-term employees through Federal support (grants, etc.) and build basic fringe benefit provisions into workshop program. Workshops unable to provide these benefits.

ECC III–10 ECONOMIC CONCERNS—SECURITY

How can the Social Security Disability Insurance (SSDI) Fund be modified to permit expanded benefits to severely disabled persons without functioning as a disincentive to work?

A. INCREASE ALLOWABLE EARNINGS AND DECREASE BENEFITS ON A SLIDING SCALE

Congress and the Social Security Administration should amend the laws and regulations so as to increase the regular and trial work earned income allowed to disabled individuals without loss of SSDI benefits. Regular earnings beyond this floor should then result in gradual loss of benefits on a sliding scale.

B. INCREASE SUPPLEMENTAL SECURITY INCOME (SSI) PAYMENTS

Congress and the Social Security Administration should increase SSI benefits at least to the poverty level and should provide increases with the cost of living both to handicapped individuals *and* to parents and guardians of handicapped individuals.

C. REDUCE OR ELIMINATE WAITING PERIOD

Congress and the Social Security Administration should reduce or eliminate the waiting period for SSI benefits and medical coverage.

D. CONTINUE MEDICAL COVERAGE AFTER CESSATION OF CASH BENEFITS

Congress and the Social Security Administration should amend the laws and regulations so as to allow continued medical coverage to disabled persons who return to work unless they receive similar coverage by the employer.

F. REVISE CRITERIA AND IMPROVE PROGRAM ADMINISTRATION

Congress and the Social Security Administration should re-evaluate, clarify, standardize, and liberalize the criteria with respect to disability. For example, ability to work should be based on jobs in the local economy only; participation in education programs should not constitute evidence of the capacity to engage in substantial gainful activity; and measures should be taken through improved staff training or other means to ensure that criteria are applied uniformly throughout the Nation and that rehabilitation counseling is adequate.

G. EXTEND AND RE-DEFINE TRIAL WORK PERIOD

The Social Security Administration should amend its regulations so as to extend the trial work period and exclude training, rehabilitation, and sheltered workshop employment from the trial work period.

H. RAISE SOCIAL SECURITY DISABILITY INSURANCE (SSDI) BENEFITS TO ALL RECIPIENTS

The Social Security Administration should amend its regulations so as to increase the dollar benefits paid to SSDI recipients both generally and on a regional cost of living basis.

J. STRUCTURE BENEFITS PROGRAMS ON AN INDIVIDUAL BASIS

Congress and the Social Security Administration should amend the laws and regulations so as to determine the amount of benefits and range of services provided on the basis of individual circumstances. The handicapped individual should be consulted in the design of his own program.

U. BENEFITS TO FAMILY

The Social Security Administration should provide benefits to the spouse and immediate families of a handicapped person and to persons who care for handicapped individuals and therefore cannot work.

W. EXTEND SUPPLEMENTAL SECURITY INCOME (SSI) TO PUERTO RICO AND THE VIRGIN ISLANDS

The Social Security Administration should extend SSI Benefits to handicapped residents of the Virgin Islands and Puerto Rico.

DD. LOWER AGE REQUIREMENT FOR MEDICARE

The Social Security Administration should amend its regulations to grant Medicare coverage to persons age 18 and over.

FF. PARTIAL DISABILITY BENEFITS

Congress and the Social Security Administration should amend the laws and regulations to allow Social Security Disability Insurance benefits for partial disability.

HH. ESTABLISHMENT OF SINGLE DISABILITY UNIT IN THE STATES

The States should establish a single disability unit to determine eligibility and distribution of services for all agencies.

KK. ABOLISH AND REPLACE SUPPLEMENTAL SECURITY INCOME

The Federal Government should abolish the Supplemental Security Income program and should establish a single agency for the disabled which would evaluate handicapped individuals, determine the degree of disability, and provide non-withdrawable pensions.

ILC-ECC I–2 ECONOMIC CONCERNS—EMPLOYMENT

Are Sections 503 and 504 of the Rehabilitation Act of 1973, as amended, adequate in terms of creating job opportunities for all handicapped persons?

A. INDIVIDUAL GRIEVANCES

It is important to emphasize individual abilities. When grievances are filed, they should be considered as individual complaints, and not as "systemic" or "group." With the individual right to be hired, goes the right to be fired if the individual is not producing or working properly.

B. RECRUITING FROM ORGANIZATION PERSONNEL

When recruiting, employers should not overlook their own employees who have been disabled by stroke, cardiac problems, etc., in order to keep them employed. This policy would benefit both employers and employees and prevent some additional burdening of public support programs.

C. DEFINITIONS AND GUIDELINES

The Department of Labor should develop and distribute guidelines clarifying the definitions of "handicapped" and what is meant by "qualified." Requirements for basic "accommodations" should be established by law or regulations.

D. COORDINATION IN AFFIRMATIVE ACTION

Although there is general disagreement regarding desirability of assigning responsibility for all affirmative action to a single government agency, there is agreement that there is a need for *greater coordination* of existing programs.

E. EMPLOYER-LABOR AWARENESS

Employers and labor representatives should know the job requirements and how they may be altered to accommodate a handicapped person. Medical personnel should have input re medical information; and be, themselves, instructed in the real needs and capabilities of both the job providers and the job doers.

G. HANDICAPPED DETERMINE ACCOMMODATIONS

Handicapped persons should be involved in the determining of any accommodations.

H. EVALUATION OF AFFIRMATIVE ACTION

Any affirmative action program should be given a fixed term or duration for evaluation of performance, and watched closely so that it is revised and enforced as necessary; and when its goals are accomplished it should be terminated. Monitoring methods are needed to ensure that goals are being met by regulatory agencies, and to make the necessary adjustments in their performance.

I. MEANING OF "REASONABLE ACCOMMODATION"

The meaning of reasonable accommodations should be more clearly defined, including not only buildings but the wage struct work hours, job design, productivity and seniority.

K. JOB RETENTION FOR HANDICAPPED

There should be special adjustments in regard to handicapped persons to ensure the equitable operation of seniority systems in regard to job retention.

N. JOB MATCHING

Guidelines should be developed to assist in matching handicapped persons with jobs. Guidelines should be developed to assist in removing architectural barriers and otherwise accommodating handicapped persons. Agencies that deal with employers and handicapped persons should carry through on complaints of which they are aware, and not act simply as "conduits" for grievances filed. Selective placement information should be made available to all who want it.

O. SECTIONS 503/504 AND PUBLIC SECTOR

Section 504 of the Rehabilitation Act of 1973 should be rewritten to require the public sector to adopt affirmative action programs in employment of disabled persons. These requirements should be identical to those currently required of employers under Section 503 of the same Act.

T. DEFINITIONS

All principals involved in employment of handicapped should be brought together to plan the strategy for carrying out an aggressive affirmative action program (unions, companies, communities, consumers) with identified targets and ways of monitoring program.

ILC-ECC I-3 ECONOMIC CONCERNS—EMPLOYMENT

How can existing Federal and State statutes and regulations be modified to improve and expand employment of physically and mentally handicapped persons?

A. LIMITED GOVERNMENT SUBSIDY OF INDUSTRY

Employment of handicapped persons should not be on a "quota" system. Government could make hiring the severely handicapped more desirable (for employers) by subsidizing industry for up to "X" number of years. This could enable and encourage smaller companies to hire disabled persons.

B. ANSI STANDARDS NATIONAL

Revised American National Standards Institute (ANSI) standards should be applied nationally.

C. EARLY REHABILITATION

Rehabilitation should be provided early in cases of work-related injuries.

D. ATTACK ON BARRIERS

Barriers to accessibility, transportation difficulties and adverse attitudes frequently go hand-in-hand and all constitute barriers to the employment of handicapped people; so consideration must be given to attacking them as a total problem through coordinated State and Federal programs.

E. BARRIER-FREE TRANSPORTATION

Appropriations for mass transportation to enable the handicapped to use buses, etc., should be increased and it should be ensured that new transportation systems or equipment will be usable for disabled persons.

F. ENFORCEMENT OF LAWS

Existing laws in regard to the handicapped should be effectively and promptly enforced.

G. RESPONSIBILITIES AND COMPLIANCE

Staffs of such offices as that of an Attorney General should be trained in and assigned definite responsibilities for ensuring compliance with standards by all persons and entities subject to the pertinent laws and regulations.

J. STATE ENFORCEMENT OF LAWS

Each State should hire an attorney(s) for the handicapped with appropriate staff to ensure compliance with laws pertaining to the handicapped.

M. SUPPLEMENTAL SECURITY INCOME

Federal laws and regulations concerning payment of supplemental security income to the disabled must be amended to eliminate requirements and criteria for eligibility which act as a disincentive for disabled persons to return to or accept employment if it results in reduced net income or prevents return to the program if employment ends.

N. SECOND INJURY CLAUSE

Second injury laws must be mandatory under all workmen's compensation insurance programs, and should include all injury and disease conditions; should be administered with specific criteria concerning types of conditions, methods by which subsequent injuries, or diseases, would be apportioned, and paid for under the provisions; and provide relief to employers by pegging benefits at levels that are realistic.

O. WORKMEN'S COMPENSATION

Workmen's Compensation programs must be amended to include provisions for mandatory vocational rehabilitation services for all employees injured on-the-job, and these provisions must apply equally to those employees in both public and private sector employment.

Q. NATIONAL FULL EMPLOYMENT ACT

Passage of a national full employment act, uniform for all States and similar in scope to the Civil Rights Act; in addition, passage of human resources "depletion allowance" act similar to the oil depletion allowance. Such law would provide that government be the employer of "last resort."

T. FEDERAL TRANSPORTATION SUBSIDY

Federally subsidized innovative approaches are needed to design buses that will help severely handicapped people to be put into "mainstream" of transportation; and automobiles should be redesigned for easier use by severely handicapped, including warning devices installed on cars to warn hearing impaired of approaching fire engines, ambulances, etc.

V. ENFORCEMENT OF LAWS AIDED BY LABOR-INDUSTRY

The political muscle of labor and industry should be used in State legislatures, and the Industry-Labor Council, on the State level, should be continued to assist in enforcement of laws aiding handicapped.

W. NATIONAL HEALTH SECURITY ACT

The Kennedy-Corman Health Security Act should be enacted which could remove many barriers to employment of the handicapped and reduce medical side of workmen's compensation.

X. UNEMPLOYMENT INSURANCE LAWS

There should be enacted national workmen's compensation and unemployment insurance laws, with the experience rating system possibly eliminated in the unemployment insurance laws even though the experience rating system does give employers incentive to retain employees and thereby realize a small return of capital.

ILC—ECC I-4 ECONOMIC CONCERNS—EMPLOYMENT

How can existing corporate tax provisions be modified to improve access to employment for disabled persons?

A. TAX DEDUCTIONS

Consideration should be given to ensure that the law will permit tax deductions for modified facilities inside a corporation building as well as to provide access from outside the building.

B. TAX EXEMPTIONS

Tax exemptions for the modifications of buildings for use by the handicapped should be available to all organizations, including non-business and non-profit ones.

C. DEDUCTION PROVISIONS

Because the Dole-Mondale Amendment to the Tax Reform Act of 1976 permits a tax deduction up to a maximum of $25,000 for accessibility modifications to buildings, and larger companies may not consider this to be a significant incentive, steps should be taken now to provide for an increase to a more suitable amount, and rate should be considered on a footage base per plant.

D. INVESTMENT IN BARRIER REMOVAL

Tax write-offs should be based on a percentage of investment for large companies (more than the $25,000 presently authorized by the Dole-Mondale tax reform measures which is not sufficient for companies with many installations).

ILC—ECC I-5 ECONOMIC CONCERNS—EMPLOYMENT

How could existing State and county licensing procedures and costs be modified to promote greater access to employment, and transportation to and from work, by handicapped individuals?

A. RESPONSIBILITY OF ARCHITECTS AND BUILDERS

Architects and other professional people concerned with implementation of standards should be made aware of what can and should be done by including instruction or requirements in professional schools in registration and in examinations for licensing. Trade journals of architects and builders should include articles on accessibility: what it is, how it can be achieved, and the role of the architect and builder in achieving accessibility.

ILC—ECC I-6 ECONOMIC CONCERNS—EMPLOYMENT

How can attitudes of supervisors be modified to ensure equal opportunity for career advancement for disabled workers?

A. AWARENESS TRAINING FOR COMPANY PERSONNEL

Employers should move aggressively to incorporate awareness training about the handicapped in company and personnel training programs, and it should be directed at attitudes and biases stemming from fear and ignorance with the disabled portrayed performing a wide variety of tasks, demonstrating their abilities to perform adequately and within production standards. (Government agencies can assist in development of such programs by providing information and materials for employer use.)

B. AWARENESS PROGRAMS FOR SUPERVISORS

Awareness programs should be developed for supervisors and associates of handicapped persons.

C. SUPERVISORS AND FOREMEN PARTICIPATION

Foremen and/or line supervisors should participate in the interviewing and selection of handicapped individuals as a routine personnel practice.

ILC—ECC I-7 ECONOMIC CONCERNS—EMPLOYMENT

What is the most effective means of modifying negative attitudes toward handicapped persons and resultant hiring behavior of employers in the public and private sectors?

A. AWARENESS PROGRAMS

Educational, informational and awareness programs should be continued and expanded to reach all who are or should be concerned with making affirmative action for the handicapped work successfully.

B. COSTS RELATED TO PRODUCTIVITY

Cost-study should be conducted to assess the costs of claims compared to productivity and profit relative to hiring disabled persons. This information should be disseminated throughout industry.

C. EMPLOYER DATA BANK

Governor's Committees on Employment of the Handicapped should emphasize public information for employers and for the handicapped. They should also bring together Vocational Rehabilitation, Employment Service resources and the workers.

E. MEDICAL PROFESSION AND WORK POTENTIAL

Educate the medical profession about work potential for the individual, and encourage doctors to state job limitations definitively so that an individual is not disqualified from doing ALL work simply because he is physically disqualified from doing SOME work.

F. ADDITIONAL INDUSTRY-LABOR CONFERENCES

More conferences of stature similar to Regional Conferences held by Industry-Labor Council are needed to deal with the vast array of problems that have arisen and will arise in the area of employment of the handicapped and to win Industry-Labor commitment.

G. IMPROVEMENT IN WORK SITES

There should be more awareness that hiring the handicapped would increase the provision of cleaner and safer work environments for all.

H. SPECIAL TRAINING PROGRAMS

Industry and labor should be encouraged to become involved in the development of training programs specifically designed for the handicapped and should assist in the placement of the handicapped (i.e., CIL employer advisory committee and employers' participation in summer work programs).

I. SEMINARS FOR CONCERNED GROUPS

Seminars should be developed involving rehabilitation agencies, labor unions, management, employment services and handicapped persons, so that each group can become more familiar with the problems faced by the other groups.

K. FLEXIBILITY OF SEVERELY HANDICAPPED

Train disabled persons (severely disabled) to be more flexible within the environment by developing aids that will make this possible and training individuals to use these aids.

L. SPECIAL PROBLEMS OF SMALL EMPLOYER

The problems of benefit costs of the small employer should be recognized and dealt with, and more and better communications between unions and employers regarding actuarial statistics and cost factors for the small and medium sized employers should be developed.

ILC—ECC I-9 ECONOMIC CONCERNS—EMPLOYMENT

How can business, labor and the professions effectively interact with volunteer, Federal, State, and local agencies to support and perpetuate employment programs for disabled individuals?

A. JOB PREPARATION RESOURCES

More efforts should be made to identify and use existing resources (e.g., CETA funds) for preparing handicapped persons for jobs.

ILC—ECC I-11 ECONOMIC CONCERNS—EMPLOYMENT

How could Federal and/or State hiring procedures be improved for disabled job applicants?

A. EXAMPLE SET BY GOVERNMENT AGENCIES

Government agencies should be the first to comply with all regulations on employing the handicapped.

B. GOVERNMENT COMPLIANCE

The public sector, including local, city, county, and State governments, must be expected to adhere to the same requirements of affirmative action in employment of the handicapped as are now required of private employers.

ILC—ECC I-14 ECONOMIC CONCERNS—EMPLOYMENT

How can union rules and attitudes throughout all organized labor in the public and private sectors be modified to provide greater employment opportunities for physically and mentally handicapped persons?

A. LABOR NEWS MEDIA

The labor news media can be used to spread facts, and training programs for union members to reemphasize accessibility problems should be instituted.

B. MODEL CONTRACT CLAUSE

The AFL-CIO, working with the White House Conference, should draw up a "model contract" clause for handicapped employees, to be disseminated to the member unions for use in collective bargaining contracts.

D. MEANS TO RECLASSIFY JOBS

Union leaders and management should establish a means to routinely negotiate the reclassification of jobs within the seniority system when a severely handicapped individual can perform a job which is not normally an entry-level position; and, in addition, monitor handicapped job progress so that handicapped person is not blocked from advancement because his particular job has been set aside from the seniority system.

E. HUMAN RESOURCES INSTITUTE

Establish Human Resources Development Institute for handicapped individuals (within the unions), similar to the agencies which now exist for the disadvantaged.

ILC—ECC I-15 ECONOMIC CONCERNS—EMPLOYMENT

How can job training, career and vocational education programs be implemented and expanded to allow physically and mentally handicapped persons to be better prepared for semi-skilled, skilled and technical positions for which, through their qualifications, they should be able to compete?

A. VOCATIONAL REHABILITATION

Vocational Rehabilitation should sell itself as a "business service" and not as just another State agency serving handicapped people. The National Alliance of Businessmen and AFL-CIO could work together on this type of cooperation, and there should be national guidelines for levels of job training.

B. REHABILITATION/PLACEMENT CENTERS

There should be a rehabilitation/placement center (Government sponsored) through the city and State colleges to evaluate the potential of handicapped persons and train them to employability. Teachers should educate employers regarding interviewing procedures of handicapped people. The center should be part of the college system, and information regarding the center should be distributed among both the handicapped and employers.

C. ON-THE-JOB TRAINING

More funds should be made available for on-the-job training for the handicapped.

ILC—ECC I-16 ECONOMIC CONCERNS—EMPLOYMENT

What can be done to equalize the burden of health care premiums and benefit both the handicapped and employer contributors?

A. DISTRIBUTION OF HEALTH CARE INSURANCE PREMIUMS

Higher health care insurance premiums, to which employers contribute as well as employees, should be spread over a larger segment of society than just those two groups. This would act as incentive for increased employer activity in hiring marginally healthy persons.

ILC—ECC I-19 ECONOMIC CONCERNS—EMPLOYMENT

What positive steps can be taken to assist employers to recruit and successfully employ handicapped persons?

A. STANDARDIZED LISTINGS OF JOB SEEKERS

All States should have standardized listings—giving vital information, especially regarding degree of qualifications and specific client information. More public information and public relations regarding Vocational Rehabilitation services are needed for employers (pamphlets for recruitment, etc.).

B. JOB FAIRS

Job Fairs where face-to-face information regarding skills of handicapped persons and job requirements can be exchanged should be held in every State, along with other innovative recruitment programs.

C. ACCESSIBILITY INFORMATION

Industry needs additional information on what is involved in meeting the accessibility requirements: design specifications, costs and clear guidelines for making accommodations.

D. TECHNICAL ASSISTANCE ON ACCOMMODATIONS

Technical assistance on accommodations should be provided companies in meeting their accessibility requirements.

F. BARRIER NATIONAL GUIDELINES AND COSTS

Clear national guidelines as to the cost of modifications of buildings are needed; and information about who is responsible for implementing these guidelines should be disseminated.

G. PILOT PROJECTS

Develop some methods and pilot projects to help management and labor gain a broader understanding and appreciation of the contribution to be made by handicapped persons in the job market.

H. INSURANCE PRACTICES

Because of possible discrimination against the hiring of the handicapped based on assumed increased insurance costs, insurance companies should study (or be studied in regard to) their practices; and the results should be publicized. (There are insurance companies that have special coverage for the needs of the handicapped, and may serve as models for others.)

J. AGENCIES AS MANPOWER RESOURCES

Agencies, organizations and groups that provide services to the handicapped should also be identified and utilized as available resources for employers and job applicants alike; and should be staffed in part by handicapped individuals so that firsthand information can be given when inquiries are made.

K. SPECIAL PLACEMENT COUNSELORS

Special placement interviewers should be identified specifically to assist in placement of handicapped persons, and the "numbers game" be de-emphasized for such placement counselors.

O. DISABLED RIGHTS UNDER 503

Disabled workers themselves should be informed of their rights to grievance procedures through the unions and to the guaranteed rights under the wage and hour laws, provisions of Sections 503 and 504 of the Rehabilitation Act, and other laws; and, in addition, an advocate for disabled workers could be incorporated into the union system.

P. COMPREHENSIVE NATIONAL HEALTH PROGRAM

A comprehensive national health program should be enacted by Congress and should incorporate provisions which will adequately provide for benefits for individuals who suffer from progressive conditions or traumatic injury—thereby encouraging employers to consider qualified disabled persons who may be potential risks in relation to increased health costs.

Q. GOVERNMENT REFERENCE DOCUMENTS

Governmental agencies, such as Rehabilitation, Health, Social Welfare, and Employment Development Departments, should cooperatively identify their resources that are available for employment of handicapped individuals and incorporate services into small reference handbooks which should then be communicated to employers and organized labor generally.

R. ADVERTISE AFFIRMATIVE ACTION

All employers should incorporate a statement in their advertising that handicapped persons are considered equally in employment processes, thereby encouraging more handicapped persons to apply for available employment.

S. PLACEMENT OF HANDICAPPED PERSONS

Employers should consider the placement of handicapped individuals in key positions in their organizations, including personnel departments, equal employment opportunity programs, and affirmative action programs. These individuals could then effectively demonstrate employers' commitment to an affirmative action policy.

W. FEDERAL FUNDS TO REMOVE BARRIERS

A percentage of Federal funds (i.e., regional revenue sharing) should be earmarked for building modification. (CETA can assist employers with this.)

X. CATASTROPHIC HEALTH INSURANCE

"Catastrophe" insurance should be made available to safeguard the small employer willing to hire the handicapped but intimidated by the possibility of increased insurance premiums or cost.

BB. DEFINITION OF "HANDICAPPED"

A uniform definition of "handicapped" should be established, taking into account the difference between "chronic illness" and "chronic disability" and the fact that the present definition allows employers to take affirmative action credit for employees already on the job who develop handicaps.

DD. JOB PLACEMENT RESPONSIBILITY

Since Vocational Rehabilitation is not able to adequately do job development and job placement along with other rehabilitation duties and since disabled people often need special job counseling so they will not "fall between the cracks" of bureaucracy, the various State employment services should strengthen their job counseling and placement services and more actively serve as the chief contact point for employers.

EE. WORKMEN'S COMPENSATION RATES

In view of the fact that employers, especially "large" employers, do not feel that there is a danger of compensation insurance rates rising when handicapped people are hired, it should be stated clearly that this factor should not be a deterrent for many employers; recognizing, of course, that "small" employers may not be able to absorb any rate-change impact if one results and need to rely more heavily on such laws as the second injury fund, etc.

ILC—ECC I-20 ECONOMIC CONCERNS—EMPLOYMENT

How can deaf persons be more integrated into the mainstream of jobs and community activities?

A. "SIGNING" AT PUBLIC MEETINGS

Public meetings of all kinds should provide assistance for those who have impaired hearing.

ILC—ECC II-9 ECONOMIC CONCERNS—EMPLOYMENT

How could the Second Injury Clause of the Workmen's Compensation Laws be modified to permit employment?

A. STANDARDIZED SECOND INJURY FUND

The Federal Government should press for national standardized Workmen's Compensation Second Injury Fund laws and more general use of Second Injury Funds should be allowed.

ILC—ECC II-11 ECONOMIC CONCERNS—EMPLOYMENT

How can provisions of existing Federal programs support efforts to develop and implement effective job placement programs?

A. SELECTIVE PLACEMENT

Vocational Rehabilitation should serve employers as well as their clients better by being committed to making clients truly qualified. Closer job matches should be made; inappropriate referrals should be avoided by Employment Service and Vocational Rehabilitation; and placement specialists should work more closely with employers' placement officers.

B. JOB ANALYSIS AND TRAINING SKILLS

Placement specialists and employers should look at handicapped persons as individuals, not as problem "groups." Vocational Rehabilitation, Employment Service and other agencies must be able to do knowledgeable job analysis and to provide *realistic* training.

C. PUBLIC AGENCY RESPONSIBILITIES

Employment Service and Vocational Rehabilitation should share responsibility for developing a national registry of employment opportunities and follow national guidelines established for this purpose.

D. EQUALITY IN TAX DEDUCTIONS FOR SEVERELY HANDICAPPED

Handicapped persons (i.e., any severely disabled) should be given the same income tax deduction consideration as the blind are now given.

ILC—ECC III-2 ECONOMIC CONCERNS—EMPLOYMENT

What is the appropriate role for the sheltered workshop?

A. REALISTIC TRAINING IN WORKSHOPS

Management and labor should work more closely with workshops to ensure that realistic training is given for REAL jobs, and not for those that are "make believe" or archaic (or obsolete).

B. LONG-TERM EMPLOYMENT WORKSHOPS

There should be a clear-cut distinction made between individual workshops regarding their status as training and transitional and those that serve a severely handicapped client population on a long-term basis.

ILC—ECC III-6 ECONOMIC CONCERNS—EMPLOYMENT

What should be the alternatives for handicapped persons for whom employment should not be an objective?

A. AT-HOME EMPLOYMENT

Use of at-home employment that does not exploit or mis-use the handicapped should be considered and developed where feasible.

ILC—ECC III-10 ECONOMIC CONCERNS—EMPLOYMENT

How can the Social Security Disability Insurance Fund be modified to permit expanded benefits to severely disabled persons without functioning as a disincentive to work?

A. FORFEITURE OF DISABILITY INCOME BENEFITS

A person living on disability income should not have to lose money (income) by going to work; i.e., forfeiting benefits such as attendant cost reimbursement, subsidized medication cost, and transportation cost. Some method of continuing partial subsidization should be maintained.

ILC—ECC III-11 ECONOMIC CONCERNS—EMPLOYMENT

How can the "disincentive" factors of sheltered employment be overcome so that trained persons can be encouraged to take competitive employment?

A. SUPPLEMENTARY TRANSITIONAL EMPLOYMENT

It should be made more economically attractive for handicapped individuals, who are reluctant to "cut loose" from the sheltered situation, to take competitive employment by offering modified transitional employment to supplement their workshop income.

SPECIAL CONCERNS

SPC I–1 SPECIAL CONCERNS—PROBLEMS OF THE SEVERELY AND MULTIPLY HANDICAPPED

What are the unique service delivery problems of the severely handicapped and how can they be accommodated?

A. SUPPORTIVE SERVICES TO FACILITATE INDEPENDENCE

Public and private agencies should provide a range of supportive services designed to facilitate the independence of handicapped persons. Such services include homemakers, respite care, home skills training, family and individual counseling, human service coordinators to assist in service delivery, transportation, meals-on-wheels programs, and attendant care.

B. SERVICES PROVIDED ON NEED BASIS

Federal, state, and local laws and regulations governing service provision should provide services on the basis of need, rather than by category of disability.

C. COORDINATED COMPREHENSIVE SERVICES

Federal funds and legislation should support state and local efforts to deliver comprehensive and coordinated services to handicapped individuals and their families.

D. RURAL SERVICES DELIVERY

States should develop strategies to serve the handicapped better in rural areas. Such strategies should include the adoption of regional arrangements, outreach policies, creation of communications systems, and development of mobile teams.

E. IDENTIFY HANDICAPPED

Federal, state, and local census efforts should identify the handicapped population.

F. WORK/REHABILITATION OPPORTUNITIES

Federal and state legislation and appropriations should support the expansion of work and rehabilitation programs and opportunities, including vocational training centers, sheltered workshops, and other work centers.

I. INCOME DETERMINATION

Income eligibility criteria under federal and state law should be based on net income. Special medical or attendant care, transportation, and other unusual expenses related to a person's disability should be deductible expenses.

O. SSI WORK DISINCENTIVES

Federal Supplemental Security Income legislation should be amended to remove the disincentives to work which are built into the current legislation.

Q. REHABILIATION MANDATE

Federal legislation should broaden the rehabilitation mandate to include training in independent living skills, socialization, and enrichment skills.

R. CONSUMER PARTICIPATION IN SERVICES DELIVERY

All levels of government should involve more consumers in services delivery programs. Consumers should also be involved at all levels with decision-making bodies that govern the delivery of services.

SPC I–2 SPECIAL CONCERNS—PROBLEMS OF THE SEVERELY AND MULTIPLY HANDICAPPED

How can the needs of the severely handicapped be protected through advocacy?

A. ADVOCACY INFORMATION AGENCY

Federal, state, and local governments should support the creation of centralized advocacy and information agencies. Agency functions should include appointing ombudsmen, holding public hearings, gathering and disseminating information tailored to a variety of audiences, and serving as a central information referral agency for program planners.

B. PLANNING AND POLICY MAKING

Parents and handicapped adults should participate actively in planning and policy activities.

C. COALITIONS FORMATION

Federal and state matching funds should be available to support the formation of coalitions of organizations of and for the handicapped. The White House Conference should provide the starting point for such coalitions.

D. OVERSIGHT COMMITTEES FORMATION

Federal, state, and local oversight committees should be established by law to review service delivery systems, to study the quality of service provided, to represent handicapped individuals in court, to oversee guardianship arrangements, and to review legislation.

E. LEGAL ADVOCACY

Federal funds should support the development of local and regional legal advocacy offices, organizations, and advisory committees to advocate for the rights of handicapped individuals; and to identify weaknesses in existing laws and to propose amendments to alleviate those weaknesses.

G. DISCRIMINATION PROSECUTION

The Department of Justice should establish a special office to investigate and prosecute violations of antidiscrimination laws relating to the handicapped.

J. PHONE BOOK LISTING OF SERVICES

Local phone companies should list all the agencies dealing with the handicapped together.

M. DEVELOPMENTAL DISABILITIES ACT

Congress should expand the coverage of the Developmental Disabilities Act to include all handicapping conditions.

N. INCREASED FUNDS

Advocacy agencies and organizations should press for greater availability of, and increased funding for, services that benefit the handicapped.

R. ADVOCACY

Federal, state, and local advocacy agencies should be established to work within the governmental system. An external ombudsman or attorney advocate system should operate outside of the system to act as a check on it.

SPC 1–3 SPECIAL CONCERNS—PROBLEMS OF THE SEVERELY AND MULTIPLY HANDICAPPED

How can decision-makers be convinced to expand more public/private funds for the treatment and rehabilitation of the severely handicapped?

A. AWARENESS CAMPAIGN

Congress should pass legislation providing program funds to finance federal, state, and local campaigns to educate the general public and decision-makers about the needs of the handicapped.

Education would be through the media, educational institutions, public hearings, and dissemination of research information.

B. MONITOR PROGRAM FUNDS

Federal, state, and local agencies responsible for funding service programs should establish improved program monitoring procedures, such as cost-benefit ratio systems, to assist all concerned in assessing program effectiveness.

C. FEDERAL COORDINATING AGENCY

A federal agency should be designated to coordinate existing programs that serve the severely handicapped.

D. ADVOCACY

State and local agencies and organizations should work with state legislators to increase awareness of problems faced by the handicapped.

E. DISSEMINATE STUDY RESULTS

Federal and state census efforts, studies, and needs assessments should be undertaken with public funds. The results should be widely disseminated.

F. SUBSIDIZED EMPLOYMENT

Subsidized employment programs for the handicapped should be developed on a three-year basis.

G. NON-DISCRIMINATORY EMPLOYMENT

Federal, state, and local laws mandating non-discrimination in employment of the handicapped should be enforced.

H. CONGRESSIONAL COMMITTEE

The Congress should establish a committee to investigate the needs of the handicapped which should gather information from organizations representing the handicapped and from handicapped individuals who are not organization members.

SPC 1-4 SPECIAL CONCERNS—PROBLEMS OF THE SEVERELY AND MULTIPLY HANDICAPPED

What programs can be established to enable the severely handicapped to improve their ability to live independently or function within their families and communities?

A. TRANSPORTATION

Federal and state legislation should regulate and fund development of flexible, barrier-free transportation systems.

B. VOCATIONAL TRAINING/WORK OPPORTUNITIES

Federal and state rehabilitation and regulations should expand vocational training and work opportunities in and out of the home setting.

C. FAMILY TRAINING

Federal, state, and local financial assistance should be provided to families for training and counseling on how to deal with handicapped family members.

D. INDEPENDENT LIVING CENTERS

Federal, state, and local funds should be committed to the establishment of independent living centers on a pilot basis. The centers would provide training in independent living and socialization skills.

E. ATTENDANT CARE

Federal, state, and local financial assistance should be given to handicapped individuals and their families for attendant care.

F. RESPITE CARE CENTERS

Federal, state, and local financial assistance should be provided to develop and support respite care centers.

J. FINANCIAL SUPPORT FOR INDEPENDENT LIVING

Federal aid, either in the form of financial assistance or a negative income tax, should be provided to handicapped individuals and their families to enable them to live independently within the community.

K. HOMEBOUND SERVICES

Federal, state, and local financial assistance should be provided to expand homebound services, with special emphasis on covering the newborn and adult populations.

R. TRAIN PROFESSIONALS

States should provide training programs to better prepare professionals who deal with the handicapped to do their respective jobs.

S. HOMEMAKER SERVICES

Federal, state, and local financial assistance should be provided to expand homemaker services.

U. VOCATIONAL REHABILITATION

Vocational rehabilitation funds and facilities should be substantially increased.

W. PUBLIC AWARENESS

Public awareness campaigns should strive to educate the general public as to the needs of the handicapped and to their own roles in assisting handicapped individuals.

Z. HOME CARE

Federal, state, and local financial assistance should be provided to families to encourage them to care for handicapped family members at home.

CC. PREVOCATIONAL TRAINING

Prevocational training should be provided within the state school systems to handicapped individuals.

EE. SHELTERED WORKSHOPS

The following are suggestions for sheltered workshops: more of them should be located in smaller communities; more emphasis should be placed on serving the severely handicapped; wages in workshops should be increased; a greater variety of jobs should be offered; uniform workshop program standards should be adopted and enforced; and all service delivery systems, including schools and Title XX programs, should attempt to coordinate their efforts with the workshop goals.

SPC 1-5 SPECIAL CONCERNS—PROBLEMS OF THE SEVERELY AND MULTIPLY HANDICAPPED

How can we meet the attendant care requirements of the severely handicapped?

A. TRAIN/CERTIFY/REGISTER ATTENDANTS

Federal and state funds should support attendant training, certification, and employment. Possible funding mechanisms would include Medicaid, Social Security, and Comprehensive Education and Training Act. Trained attendants should be registered and on call for full or part-time assignments. Some attendants should be handicapped.

B. ATTENDANT WAGES

Congress should extend the Fair Labor Standards Act to insure a minimum wage for attendants. Attendant care should be available to all handicapped persons on a sliding-scale basis with the care subsidized if necessary.

C. STUDENT ATTENDANTS

Students in training for the medical, and other human services professions, should be recruited to serve as attendants and be paid the same wage rate as other attendants.

D. ATTENDANT CARE COST BENEFITS

Federal, state, and local studies should be conducted to determine the cost benefit ratios of attendant and institutional care.

E. TRAIN PUBLIC SERVICE WORKERS

Public service workers such as teachers, policemen, and firemen should receive basic training in caring for the severely handicapped in the event of an emergency.

F. PUBLIC AWARENESS

Local advocacy agencies and organizations should mount public awareness campaigns to educate the general public about the needs of the handicapped.

G. FAMILY TRAINING

Local organizations and agencies responsible for attendant care training should encourage family members to participate in attendate care training.

I. SSI FOR TERRITORIES

The Virgin Islands, Guam, American Samoa, and the Trust Territory should be included in Supplemental Security Income by Congressional amendment.

J. BENEFITS AFTER EMPLOYMENT

Federal, state, and local medical and attendant care benefits should be continued for a severely disabled individual after that person has become gainfully employed.

L. ATTENDANT CARE DEDUCTION

The Internal Revenue Service should include an explanation of the attendant care deduction in the form 1040 packet.

M. COMMUNITY-BASED FACILITIES

Long term, residential, community-based facilities should be accessible, and have smaller staff-to-patient ratios.

SPC 1–6 SPECIAL CONCERNS—PROBLEMS OF THE SEVERELY AND MULTIPLY HANDICAPPED

How do we build an adequate public/private financial base at the federal, state, and local levels to meet the needs of severely handicapped people?

A. NEEDS ASSESSMENT

The Social Rehabilitation Service should conduct a needs assessment to determine the needs of handicapped persons. The results should be disseminated to state and regional service providers.

B. TAX INCENTIVES

Congress should liberalize deductions for charitable contributions in the tax structure to encourage contributions to organizations serving the handicapped.

C. FISCAL PLANNING

State and local fiscal planning efforts should include handicapped individuals, parents, and service providers.

D. MINIMUM INCOME

Congress should pass legislation providing a minimum income wage for handicapped workers.

E. REORGANIZE FEDERAL AGENCIES

Federal action should be taken to reorganize current agencies. The Office of Handicapped Individuals should coordinate this effort.

H. REHABILITATION GRANTS

Federal rehabilitation programs should be financed by providing broad grants to handicapped individuals. Receipts would account for how the funds were used.

SPC 1–7 SPECIAL CONCERNS—PROBLEMS OF THE SEVERELY AND MULTIPLY HANDICAPPED

How can the severely handicapped develop an effective lobbying constituency?

A. COALITION FOR LOBBYING

State and national White House Conference meetings should serve as catalysts for a strong coalition of organizations representing handicapped individuals which can more effectively educate legislators and others to the special needs of the different disability groups. Organizations representing the handicapped should join forces with government and private agency representatives to lobby for effective changes. State and federal funds should be made available to encourage and strengthen coalition building and information exchange.

B. VOTING/POLITICAL PROCESS

Handicapped individuals should become more actively involved in the political process on all levels and support candidates who will work to meet their needs. This will require public and private assistance in helping handicapped people to register, vote, and meet with candidates and elected officials.

C. PUBLIC AWARENESS

Public awareness campaigns should be conducted at all levels to provide information about the work of the public sector and of private organizations for the handicapped and to hold conferences such as the State and National White House Conferences.

D. REGISTERED LOBBYIST

Private interest groups should form a coalition and hire a registered lobbyist to represent their interests.

E. OFFICE OF HANDICAPPED INDIVIDUALS

The role and function of the Office of Handicapped Individuals should be expanded to be the coordinating agency of all activities relating to the handicapped at the federal level.

F. STATE OMBUDSMEN

States should appoint ombudsmen to facilitate the needs of the handicapped and to work with service agencies and special interest groups.

G. FEDERAL COORDINATION

A federal agency for coordination of all activities relating to handicapped individuals should be established. This agency should gather and widely disseminate information affecting the disabled.

SPC I–8 SPECIAL CONCERNS—PROBLEMS OF THE SEVERELY AND MULTIPLY HANDICAPPED

What changes should occur in the Social Security Disability Insurance and Supplemental Security Income Laws to exempt earnings to a point which would serve as an incentive to the severely disabled to undergo rehabilitation and to work?

A. TASK FORCE FOR REVIEW

The federal government should set up a task force of consumers and relevant agency representatives to review and make recommendations for the revisions of the laws and regulations concerning Supplemental Security Income and Social Security Disability Insurance and to issue a report containing recommended amendments and revisions.

B. INCOME TAX DEDUCTIONS

Tax laws should be modified in some or all of the following ways to offset the high living expenses of severely handicapped individuals: (a) provide both tax and Social Security exemptions on all earnings by handicapped individuals; (b) consider all handicapped persons over age 18 a "family of one"; (c) allow a special tax exemption for handicapped workers and their parents and/or guardians; (d) extend the double tax exemption to all severely handicapped individuals.

C. EXTEND SSI TO VIRGIN ISLANDS, GUAM, SAMOA

The federal government should amend the Supplemental Security Income Law to provide benefits to severely disabled persons in the Virgin Islands, Guam, and Samoa.

D. CONSUMER ADVISOR TO SSA

A handicapped individual should be appointed to advise the Social Security Administration on policies affecting Supplemental Security Income and Social Security Disability Insurance benefits.

E. EMPLOYER INCENTIVES

Tax incentives should be provided to employers to encourage them to employ severely handicapped individuals.

G. DISABILITY DETERMINATIONS

Disability determinations should be made locally.

H. UNIFORM ELIGIBILITY

The Social Security Administration should take steps to insure that eligibility criteria are uniformly interpreted and applied in all regions.

I. ELIGIBILITY DETERMINATION

The federal government should amend the Social Security Disability Insurance and Supplemental Security Laws to authorize eligibility determinations by the medical community of individuals with developmental or severe disabilities.

J. GROUP ELIGIBILITY

The federal government should amend the Social Security Disability Insurance and Supplemental Security Income Laws to permit eligibility by specified disability groups.

SPC II–1 SPECIAL CONCERNS—COMMUNITY AND RESIDENTIAL BASED HOUSING

How do we discover current needs and preferences and project future needs in the housing market for handicapped people?

A. CENSUS SURVEY

Federal, state and local census and survey efforts should determine the number of handicapped persons.

B. STATE AND LOCAL COORDINATION

States should develop and finance offices for handicapped persons staffed with specialists who can represent the handicapped in housing and other needs.

C. STATE AND LOCAL OVERSIGHT COMMITTEES

State and local governments should create consumer oversight committees consisting of 2/3 handicapped and 1/3 parents and others to participate in the planning and management of housing for the handicapped.

D. HOUSING INTEGRATION

Federal and state housing policies should promote the integration of handicapped with non-handicapped whenever possible.

E. HANDICAPPED HOUSING NEEDS

The federal government should establish a study group and/or finance surveys to identify housing needs and preferences of all handicapped persons.

G. HANDICAPPED HOUSING NEEDS

State and local groups of handicapped individuals should convene periodically to discuss their housing needs and preferences.

L. HUMAN NEEDS CLEARINGHOUSE

Either the public or private sector should establish a clearinghouse for human needs.

O. HOUSING FUNDS

Additional federal and state funds should be provided to meet all mandated requirements for adequate housing.

P. RURAL HOUSING

Federal regulations on rural housing should address and promote the needs of the handicapped.

R. COMMUNITY-BASED HOUSING

State policies should stimulate the development of community-based group houses and halfway houses for handicapped persons.

SPC II-2 SPECIAL CONCERNS—COMMUNITY AND RESIDENTIAL BASED HOUSING

What should be the role and the responsibility of public and private agencies, the community, and the consumer, in determining housing needs?

A. HOUSING NEEDS SURVEY

The federal government should survey realtors and public agencies to determine current and future local housing needs, and disseminate survey results.

B. COMMUNITY SUPPORT GROUPS

The federal government should encourage the utilization of community support groups (e.g., families of the handicapped and religious, civic, and business groups) to promote local hiring; and should ensure that such groups are informed about grants, laws and related resources for the development of housing.

C. ATTENDANT COSTS

Federal housing regulations on attendant costs should be expanded to provide more flexibility in determining the rate of rent for handicapped individuals.

D. HOUSING RESEARCH

The federal government should study current housing provided for the handicapped in such countries as Sweden and Scotland.

G. GUIDELINES FOR SEVERELY DISABLED

Federal housing guidelines should be adjusted to provide more flexibility for severely handicapped individuals.

H. GROUP ELIGIBILITY

Federal housing regulations should be amended to allow handicapped persons who reside together to qualify as a family unit and share the cost of attendant services.

I. NON-PROFIT HOUSING

Federal housing policy should be expanded to provide additional funding to the private non-profit sector for developing housing for the handicapped.

SPC II-3 SPECIAL CONCERNS—COMMUNITY AND RESIDENTIAL BASED HOUSING

What should be the role and function of government (federal, state and local levels) in provision of community living programs?

A. IMPLEMENT AND ENFORCE LAWS

All levels of government should be accountable for implementing and enforcing current housing laws which include using financial and/or other penalties for non-compliance.

B. STATE ROLE

State government should develop appropriate community support mechanisms which include: planning and coordinating community living programs through flexible licensing and funding; providing additional resources for the development of appropriate alternatives (e.g., new community projects, subsidies to families); designating advisory groups and oversight committees on community alternatives; and providing guardianship for persons residing or working in community programs.

C. FUNDING FOR SUPPORT SERVICE SYSTEMS

Federal, state and local funds should support a variety of alternative living programs including subsidies to disabled persons and their families, home care, attendant care in homes, respite care, follow-up care, day care and loans for adopting private homes.

D. CONSTRUCTION INCENTIVES

Federal housing policies should encourage the development of alternative living arrangements through special incentives such as tax breaks and exemptions; and expand the availability of low interest construction loans to the housing industry.

F. FEDERAL ROLE

The federal government should expand financial resources, available through such agencies as HUD, the Small Business Administration, HEW, and Vocational Rehabilitation or to stimulate experimentation in housing design for single and multiple family units, in alternative settings such as group homes, and in the provision of minimal attendant care services in apartment complexes.

G. BUILDING CODES

All levels of government should promote the standardization of building codes to provide accessible community-based housing.

H. SEC. 202 PROGRAM

Federal housing regulations should be adjusted to provide greater flexibility on individual income limits under the Section 202 program.

I. LESS RESTRICTIVE LIVING

Federal legislation should ensure that resources for the handicapped are provided in the least restrictive environment.

K. NURSING HOME FUNDS

Federal, state and local funds supporting nursing home care should be redirected to allow handicapped persons to purchase their own services through a direct voucher system.

L. COMMUNITY LIVING SKILLS

State and local agencies should develop education programs in living skills for handicapped persons preparing to move to a total independent setting.

M. ZONING

State and local governments should ensure that zoning laws encourage rather than discourage the development of community-based housing for the handicapped.

N. CAPITAL CONSTRUCTION FUNDS

Present and future capital construction funds, such as those allocated by the Department of Housing and Urban Development and the HEW Developmental Disabilities Office, should be used only for community-based living arrangements which are proximal to and integrated with the life and resources of the community; and which are small enough in size to be absorbed into the community. These same recommendations apply to state agencies responsible for financing housing.

P. FEDERAL FRONT-END FUNDING

Federal funds should be sought for "front-end" costs associated with the establishment of community-based living arrangements. These would be one-time investments necessary to facilitate the creation of such settings for which ongoing funding is available only on a reimbursement basis. Community services can be more readily developed if communities did not have to make the initial capital investments and wait for reimbursement.

Q. INSTITUTIONAL FUNDS TO COMMUNITY PROGRAMS

Decision-makers should be convinced to convert institutional funds to uses in the community. As community-based living arrangements are emphasized and developed, funds should be reallocated from presently maintained institutions into the natural home as well as a variety of personal care organizations and living arrangements such as foster care, homemaker services, apartments, and group homes. These reallocated funds should also be used to retrain and relocate institutional personnel into such personal care functions in the community.

SPC II–4 SPECIAL CONCERNS—COMMUNITY AND RESIDENTIAL BASED HOUSING

What federal, state, local agencies should provide housing subsidies and who should be eligible for these subsidies?

A. PRIORITY FOR DISABLED IN SUBSIDIZED UNITS

State and local housing authorities should give priority to the non-elderly disabled in allocating subsidized rental units.

B. HOUSING INFORMATION FUNDS

The federal government should designate within the Office of Handicapped Individuals a housing information clearinghouse which periodically publishes a national newsletter identifying public and private housing funds.

C. FEDERAL HOUSING INCENTIVES

The federal government should expand current housing policies to provide guaranteed mortgages to non-veteran disabled individuals, and low interest loans and tax incentives to both disabled individuals and landlords.

D. BASIC LIVING ALLOWANCES

The federal government should provide basic living allowances to disabled persons to cover both housing and other required support services.

E. HOME MODIFICATION FUNDS

Public agencies should promote home ownership for non-veteran disabled individuals by funding structural adaptations in private dwellings.

F. STATE HOUSING AGENCIES

State governments should designate an appropriate agency to act as a clearinghouse to coordinate all housing subsidy monies generated by or designated for the state and establish a consumer advisory group to monitor state policy making.

G. HOUSING ELIGIBILITY

All federal, state and local subsidized housing programs should apply equally to non-handicapped and handicapped low-income persons.

H. REDUCE INCOME REQUIRED FOR SUBSIDIZED HOUSING

Federal and state subsidized housing programs should lower currently required income limits for handicapped persons.

J. EXEMPT COST OF ATTENDANT

Federal and state housing regulations on eligibility requirements for housing assistance programs should exclude expenses for personal care attendants in determining income of handicapped individuals.

K. COMMUNITY DEVELOPMENT PROCESS

Local governments should promote the participation of handicapped persons in the community development process.

M. SEC. 202 CHANGE

Federal housing regulations for Section 202 should be changed to require a set aside for handicapped persons, with additional funding to develop the program.

SPC II–5 SPECIAL CONCERNS—COMMUNITY AND RESIDENTIAL BASED HOUSING

What support services need to be incorporated in housing assistance plans to accommodate all varying disabilities?

A. ALTERNATIVE LIVING ARRANGEMENTS

Federal regulations should require communities to develop alternative living arrangements, such as halfway houses and group homes, to be financed through private and public sources.

B. SUPPORTIVE SERVICES

Federal housing regulations should require the development of attendant care (part or full time), custodial care, medical and/or nursing care, trained house parents, and sufficient transportation services in local communities.

C. MEALS ON WHEELS

Federal regulations should encourage state and local governments to expand their meals on wheels programs to include the handicapped.

D. TRAINING ATTENDANTS

The federal government should encourage local communities to use community colleges and other educational institutions to train attendants together with handicapped persons who will reside in community-based residences.

E. SEVERELY DISABLED SERVICES

All levels of government should focus on the specific needs of the severely disabled, such as personal attendant care services, in developing transitional living arrangements.

G. FOSTER CARE

State governments should increase the availability and funding of foster care for disabled individuals and promote the legal rights of foster parents.

H. BARRIER-FREE HOUSING

Federal housing regulations should require that local housing assistance plans include strategies to promote new or existing barrier-free projects.

I. FAMILY SUPPORT SERVICES

Local governments should include family home care and respite care for the disabled in their housing assistance plans.

J. HANDICAPPED HOUSING

Local communities should increase the percentage of housing for the handicapped designated under housing assistance plans.

K. AMEND SECTION 202

Federal housing regulations on Section 202 housing should be changed to permit financing for single family housing for the handicapped.

SPC II–6 SPECIAL CONCERNS—COMMUNITY AND RESIDENTIAL BASED HOUSING

Under what circumstances should handicapped individuals be segregated and/or integrated in public and/or private housing?

A. HOUSING ACCESSIBILITY

All levels of government should enforce anti-discrimination laws and barrier-free requirements to ensure that handicapped people regardless of geographic location or severity of disability have full access to available and appropriate housing.

B. LOW-INCOME HOUSING

All federally funded low-income housing should include units for the handicapped and; local communities should ensure that the handicapped are placed in such units.

C. HANDICAPPED HOUSING PRIORITY

The federal government should give priority to housing sponsors that develop either barrier-free and/or small home like facilities for handicapped persons.

D. COMMUNITY-BASED HOUSING LOCATION

Local governments should ensure that community based housing is located in close proximity to necessary facilities such as clinics, stores, and vocational training centers.

E. BARRIER-FREE HOUSING

Federal housing regulations should require that a certain percentage of both public and private multi-family housing units be accessible to the handicapped.

SPC II–7 SPECIAL CONCERNS—COMMUNITY AND RESIDENTIAL BASED HOUSING

What are the needed standards and design concepts for various kinds of housing facilities for the disabled?

A. AWARENESS EDUCATION

Federal funding should be provided to state and local agencies to develop and implement education programs for public officials, architects and contractors to increase their sensitivity to the needs of the handicapped.

B. ACCESSIBILITY STANDARDS

All government levels should require specific standards for both subsidized and unsubsidized housing that include, at a minimum, such accommodations as widened doorways and hallways, lowered cabinets and sinks, accessible bathrooms with hand rails, ramps and elevators, where necessary.

C. HOUSING LOCATION

All government housing regulations should require that public services such as transportation, shopping and recreation be accessible to housing for the handicapped.

D. COMPLIANCE ENFORCEMENT

All levels of government should require compliance with housing laws and regulations covering accessibility and barrier-free buildings.

E. HOUSING REGISTRY FOR HANDICAPPED

State and local governments should design a central coordinating body to develop a consumer housing guide with listings of appropriate and accessible facilities for the handicapped.

F. HANDICAPPED HOUSING NEEDS

Federal housing regulations for non-handicapped projects should be changed to include special structural needs of handicapped persons, such as size of bathrooms, doors, and stairs.

G. MINIMUM PROPERTY STANDARDS

Federal and state housing regulations should be amended to allow more flexible minimum property standards for housing the handicapped, with provisions for review, modification, and enforcement.

H. HOUSING ACCESSIBILITY

Federally funded housing projects should be required to include a percentage of totally accessible units and provide for the special needs of the severely disabled and the deaf.

I. FLEXIBLE HOUSING LAWS

Federal and state governments should provide more flexibility in housing laws and regulations to encourage greater participation in developing housing by interested organizations.

L. CONSTRUCTION COSTS

All government levels should demonstrate to the general public that compliance standards for housing the handicapped do not significantly increase construction costs.

SPC II–8 SPECIAL CONCERNS—COMMUNITY AND RESIDENTIAL BASED HOUSING

Who should be involved in the establishment and implementation of standards and design concepts?

A. INCENTIVES FOR ACCESSIBILITY

Federal and state governments should provide tax incentives or rebates to contractors and landlords who make all new or existing buildings accessible to disabled persons.

B. PROFESSIONAL SCHOOL GRANTS

Federal and state funding should be provided to schools of design, architecture and engineering to develop curricula on barrier-free design; and promote research and demonstration projects on low cost production of standardized fixtures and facilities, with consultation from consumer organizations.

C. HOUSING DESIGN/STANDARDS

Federal, state and local governments should create standards and design committees composed of handicapped individuals and appropriate professionals who would develop and disseminate universal codes of accessibility and standards of design.

D. HOUSING ADVOCACY

Federal funding should be provided for the establishment and support of a housing coalition made up of organizations who would act as advocates for handicapped individuals.

SPC II-9 SPECIAL CONCERNS—COMMUNITY AND RESIDENTIAL BASED HOUSING

How can currently available housing be made more suitable for housing handicapped individuals?

A. INCENTIVES FOR ACCESSIBILITY

The federal government should establish a variety of financial incentives such as tax rebates and/or deductions, low-interest loans, grants and no property tax increases to consumers, families and builders who provide accessible housing.

B. HOUSING ACCESSIBILITY/FLEXIBILITY

Federal laws and regulations should ensure that all new, existing, or renovated federally funded housing meet national guidelines for accessibility; that current housing efforts such as the block grant and rent subsidy programs be expanded to provide more flexibility for the development of community-based housing; and that interdepartmental directives promote such flexibility.

C. HOUSING ALTERNATIVES

Federal housing policies should provide a range of housing alternatives from sheltered apartments to independent living for handicapped citizens; and, when needed, provide attendants.

D. TRAINING HOUSING PROFESSIONALS

All levels of government should develop education and training programs for a variety of housing-related personnel including building code inspectors, realtors, developers, architects, and engineers to increase their awareness in designing, providing, and certifying accessible housing for the handicapped.

E. HOUSING STANDARDS

The federal government should develop and disseminate guidelines and standards to appropriate housing professionals and consumers on modifying existing housing to meet the needs of the handicapped.

G. REVENUE SHARING

Local governments should provide revenue sharing funds for the development of an integrated community group home network.

SPC II-10 SPECIAL CONCERNS—COMMUNITY AND RESIDENTIAL BASED HOUSING

How can interdepartmental policies and services be coordinated to facilitate independent living?

A. CONSUMERS ON INTERAGENCY COMMITTEES

Federal, state and local governments should create interagency committees with consumer participation.

B. TITLE XX

The federal government should use Title XX funds to facilitate interagency coordination for services to the handicapped.

C. PUBLIC AWARENESS

All government levels should promote education programs in human service agencies for policy makers and the general public to review available services and consider broadening or changing those services to cover more handicapped people.

SPC II–11 SPECIAL CONCERNS—COMMUNITY AND RESIDENTIAL BASED HOUSING

What are some approaches to expanding living choices?

A. INCENTIVES

Federal and state governments should provide tax incentives, such as low interest loans and guaranteed mortgages, to private developers and housing sponsors who build and/or modify facilities to provide accessibility for the handicapped.

B. REGULATIONS AND LAWS

Federal, state and local governments should review regulations or laws that may be unclear and could restrict or conflict with the development of appropriate funding to house the handicapped.

C. AWARENESS EDUCATION

Federal, state and local agencies should develop a comprehensive education awareness program for the general public on the housing needs of handicapped persons.

E. COMMUNITY CLEARINGHOUSES

State and local governments should create consumer outreach offices that act as community clearinghouses for public and private resources for the handicapped.

F. ENFORCEMENT OF LAWS

Federal, state and local governments should enforce all existing laws and regulations on barrier-free accessibility and discrimination.

G. HOUSING ASSISTANCE PLANS

Local communities should emphasize the needs of the handicapped in their housing assistance plans.

H. VOUCHER SYSTEM

Federal and state assistance to nursing home care should be restructured as a direct voucher system for handicapped clients who could purchase their own services.

I. LIVING ALTERNATIVES

State and local agencies should develop, continuum of flexible living alternatives for the handicapped, including various levels of nursing and attendant care, homebound arrangements, group living with or without "mixed" populations, specialized accommodations for the multi-handicapped, and accessibility for all persons to appropriate services.

J. COOPERATIVE HOUSING

All government levels should facilitate the development of small cooperative living arrangements for the handicapped.

L. RURAL HOUSING

The federal government should encourage the development of rural housing for the handicapped under existing Federal rural housing programs.

SPC II–12 SPECIAL CONCERNS—COMMUNITY AND RESIDENTIAL BASED HOUSING

What legislative action at federal, state and local levels could stimulate and provide community-based living?

A. ZONING

State and local governments should amend zoning laws that prohibit the development of community-based residences and provide guidelines to facilitate the use of such housing for the handicapped.

B. INCENTIVES FOR ACCESSIBILITY

Federal and state governments should enact legislation to provide tax credits, rebates and lowered interest rates on loans to individuals, housing developers and landlords who need or want to provide accessible housing for the handicapped.

C. HOUSING COORDINATION

All levels of government should create housing offices to coordinate, implement and monitor areas such as construction, renovation, standards and costs for housing.

D. FACILITIES ACCESSIBILITY

Federal and state governments should fund state and local compliance boards to establish and enforce laws on accessibility for both private and public facilities.

E. COMMUNITY-BASED HOUSING ALTERNATIVES

Federal, state and local legislation should be developed and funded to expand the variety of community-based housing alternatives for the handicapped.

F. BUILDING CODES

State and local governments should expand existing building codes to conform with accessibility and barrier-free requirements and provide funding for the enforcement of these requirements.

G. ELDERLY/HANDICAPPED HOUSING

Federal housing regulations (Section 202) should separate the planning and funding mechanisms for the elderly and the handicapped.

K. COMMUNITY LIVING ARRANGEMENTS

Federal regulations should establish a Section 8 set-aside for landlords that provide barrier-free and/or family-type living arrangements for the handicapped.

L. INCREASE SSI

Federal and state assistance to Supplemental Security Income recipients should be significantly increased to promote independent living alternatives.

O. HANDICAPPED DIVISION/HUD

The federal government should establish a new division within the Department of Housing and Urban Development for the handicapped.

P. HANDICAPPED HOUSING AGENCY

The federal government should create a separate housing agency for the handicapped through which all existing housing funds for the handicapped should be diverted from other federal agencies to the new agency.

SPC II–13 SPECIAL CONCERNS—COMMUNITY

How do we enforce the civil rights of handicapped persons as they relate to housing and what should public policy state

AND RESIDENTIAL BASED HOUSING

about the rights of handicapped persons who require specialized housing?

A. LEAST RESTRICTIVE ALTERNATIVES

Federal and state policies should promote the rights of all handicapped persons to live in the least restrictive environments of their choice.

B. PROMOTE RIGHTS

Federal, state and local governments should designate either ombudsmen or advisory committees composed of consumers to promote the rights of the handicapped in housing.

C. ACCESSIBLE HOUSING

Federal and state policies should stress the goals of normalization, integration, and the rights of all handicapped people to accessible housing.

D. CIVIL RIGHTS ACT

The federal government should amend the 1964 Civil Rights Act or enact a comprehensive Civil Rights Act to include the needs of the mentally and physically handicapped.

E. ENFORCEMENT OF SECTION 504

Federal and state governments should enforce the Section 504 anti-discrimination provisions of the 1973 Rehabilitation Act.

F. RIGHTS AWARENESS

All government levels should develop awareness education programs on civil rights of the handicapped for both the general public and key professionals in the housing field.

G. BARRIER-FREE HOUSING

Federal and state governments should mandate that a certain percentage of housing construction be barrier-free.

I. UNDERSTANDABLE REGULATIONS

The federal government should require all appropriate agencies to write clear, understandable regulations for consumers and non-professionals.

J. PROHIBITING PROFIT-MAKING COMMUNITY HOUSING

Federal and state legislation should prohibit the development of private, profit-making community-based housing projects.

K. HEARING DOGS

Federal legislation should be expanded to provide that no deaf person is denied housing due to the use of a hearing ear dog.

L. BENEFITS COVERAGE

Federal and state legislation should require that all handicapped persons, regardless of disability or income level, be included in benefits coverage.

SPC II–14 SPECIAL CONCERNS—COMMUNITY AND RESIDENTIAL BASED HOUSING

How can planning for deinstitutionalization and conversion to community paid-service systems include representation of the employees and unions of the institutions?

A. UNION ROLE IN DEINSTITUTIONALIZATION

At federal and state levels, unions, such as the American Federation of State, County and Municipal Employees, in conjunction with central labor councils and civil service commissions, should be invited to participate in all planning for deinstitutionalization.

SPC III–1 SPECIAL CONCERNS—SERVICE DELIVERY SYSTEMS

How can we assure the delivery of quality services to handicapped individuals at the local level?

A. CENTRAL INFORMATION AGENCY

Federal, state and local governments should establish a central information agency to produce and distribute information concerning available ser[illegible] Such an agency should include a "hot-line" service, a mast[illegible]ile of all available services, and would be a resource center for any individual or agency, public or private.

B. CENTRALIZED REGIONAL SERVICE FACILITIES

States should establish regional offices for centralized delivery of services to facilitate a common location for providers of all services, and consumers in need of, or eligible for multiple services to meet and establish coordination of services by various professionals working in rehabilitation and related fields. All such facilities should be barrier-free.

C. AGENCY ADVISORY BOARDS

Public and private service agency advisory boards must be strengthened and must include active participation and involvement of handicapped individuals. The boards must provide public meetings for redress of grievances from organizations or individuals.

D. VOUCHER SYSTEM

Federal, state and local governments should establish a voucher system to direct funds to individuals to purchase services at the agency of their choice; this system would apply to all services for any physically or mentally disabled person in any state or territory.

F. TITLE XX CONTRACTS

The Department of Health, Education, and Welfare, and the General Accounting Office of the U.S. Congress, should investigate Title XX contracts to determine if rural areas are being serviced. Amend Title XX to allow bi-state cooperation. Agencies receiving Title XX funds should qualify as a third party and be permitted to use general contributions as matching funds. Such funds should be available for legal services.

H. EXPANSION OF SERVICES

Federal, state and local governments should avoid adding (legislatively) responsibilities and expanded services on agencies faster than budget growth or ability to expand can realistically permit. Emphasis should be on quality of services, as opposed to quantity (numbers served). Substitute more cost effective basic living grants as an alternative.

O. TOTAL SERVICE DELIVERY SYSTEM

States should create a coordinated total service delivery system from the time of diagnosis to geriatric age with clear roles, responsibilities and standards for programs and personnel at all levels. It should feature consumer and parent committees and interdepartmental board for human services to coordinate services. Also, family intervention and support work rehabilitation, specialized services at local level, and community-based social counseling programs.

P. OFFICE OF HANDICAPPED INDIVIDUALS

Federal and state governments should provide independent agency status for the office of handicapped individuals; the office should have powers of enforcement to correct non-compliance problems.

T. INTER-STATE SERVICES

Federal, state and local governments should strengthen (or, if more appropriate, liberalize) regulations to permit provision of services across state boundaries, especially in multi-state metropolitan areas, and/or in cases where client has been required to become transient for legitimate reasons of employment or change in residence.

SPC III–2 SPECIAL CONCERNS—SERVICE DELIVERY SYSTEMS

How can we maximize the impact of research to improve service delivery?

A. BIO-MEDICAL-ENGINEERING GRANTS

Regulations should be developed for more extensive grants for research, and implementation of the results of such research, in the field of bio-medical-engineering.

B. DESCRIPTIVE DATA BASE

Federal and state governments should establish and expand a descriptive data base of service delivery programs which can accommodate new data elements without distortion of existing descriptive systems.

C. MARKETING STRATEGIES

Federal, state and local governments should convene conferences, exhibits and workshops to inform clothing designers and manufacturers of special needs of disabled persons, establish scholarships in design and marketing services for disabled people, and offer professional curricula in the field, provide tax incentives to redesign manufacturing and marketing techniques to produce products for handicapped people.

D. STUDIES OF LONG-TERM NEEDS

Support is needed for longitudinal studies of severely disabled individuals whose characteristics and needs change across their life spans. (Stochastic models and life table methodologies are appropriate techniques for this purpose.) Longitudinal or stochastic studies should be utilized to project costs of service utilization over the life span of American citizens in need of life-long service.

E. FUNCTIONAL CLASSIFICATION

Classification and identification of the target groups should be based on functional characteristics (rather than on the wide variety of conflicting material and intellectual schemes).

F. FAMILY AS UNIT OF ANALYSIS

The unit of analysis for studies of the epidemiology of people disabled early in life should be the family as much as the individual, specifically because such people have life-long needs.

SPC III–3 SPECIAL CONCERNS—SERVICE DELIVERY SYSTEMS

How can we establish adequate training programs, accreditation and licensing of service delivery personnel?

A. EMPLOYMENT PRACTICES

Federal, state and local agencies should establish uniform employment practices and develop consistent job descriptions for service delivery personnel. Also should establish model affirmative action plans for hiring handicapped workers.

B. INDEPENDENT ACCREDITING AND LICENSING ENTITIES

Independent accrediting and licensing boards or commissions should have substantial numbers of peers. Also, accreditation and licensing should involve field evaluations and consumer review and on-site evaluation of service delivery personnel whenever feasible. Federal and state government agencies should establish regulations and standards for licensing examinations and/or accreditation. Re-evaluation of skills should occur every five years. The advisory board of such an agency should include at least 50 percent consumer membership.

C. PLANNING AND COORDINATION

A major planning and coordination effort at the state level is needed to provide an ongoing assessment of numbers and types of service personnel needed in the country, and statistics on the types of personnel needed in specific locales.

D. PROFESSIONAL PROVIDERS

State and local governments should provide qualified, competent service providers by aggressive recruitment of able individuals having special concern for disabled persons, ability to relate to others; also, specialized professional curricula at accredited institutions of education and continuing in-service training at appropriate facilities to ensure teamwork in providing services.

E. TRAINING CONTRACTS

Federal, state and local governments should initiate training contracts between training specialists and service delivery personnel which would enumerate mutually set objectives for continuing education and provide a method of mutually monitoring and verifying achievement of these training objectives.

G. ACCREDITATION AGENCY

No agency should be allowed to offer rehabilitation services unless it has been accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF). A deadline for such accreditation should be mandated at the federal level and compliance required in each state. CARF should be required to establish consumer membership on its board of directors.

H. LOCAL VENUE TRAINING PROGRAMS

Federal/state (territorial) funds should be made available to American Samoa (and other similar quasi-territorial governmental entities) to develop programs to establish and expand locally venued training service provider personnel, through increasing courses at community colleges, and in-service training at service facilities. Training facilities should be expanded for such activities and the ongoing provision of services.

I. DEAFNESS INTERPRETER CONSORTIUM

State legislatures should appropriate funds to support a statewide interpreter consortium.

J. IN-SERVICE TRAINING

Federal, state and local government should provide funds for more extensive in-service training, mobility training, and expansion of such training through similar expansion of community health centers.

SPC III-4 SPECIAL CONCERNS—SERVICE DELIVERY SYSTEMS

How can state commitment laws be written to maximize deinstitutionalization?

A. AMERICAN BAR ASSOCIATION (ABA) TASK FORCE

An ABA Task Force should be created with mental health and retardation agencies (or organizations) represented to propose alternative solutions to institutionalization, to increase responsibility of guardians, and to expand commitment laws to more than one level, and develop stricter laws on child abandonment and neglect.

B. MENTALLY DISABLED

Statutes should be established that would eliminate or change the title and connotation of "lunacy" hearings.

C. STATUTORY INSTITUTIONALIZATION PROCEDURES

Criteria should be legislated which enforce institutionalization (entry) and would delineate a rationale for such commitment without required "lunacy" hearings; such statutes would require periodic administrative review providing arbitration between institution representatives and parents/guardians as to the status of the disabled individual.

D. CIVIL AND LEGAL RIGHTS GUIDE

A guide to legal and civil rights for children (and adults) with developmental disabilities, and their parents or guardians, should be prepared, published and distributed. A pool of legal personnel should be developed to handle litigation for individuals or groups. The study of disabled persons' civil and legal rights should be instituted as required studies in all university law school curricula.

E. COMMITMENT LAWS

State and local governments should pass commitment laws to apply to all handicapped individuals, instead of one specific category.

SPC III-5 SPECIAL CONCERNS—SERVICE DELIVERY SYSTEMS

What role should advocacy organizations play in service delivery?

A. ADVOCATE ROLE

Advocates must maintain current information on services and legislation, disseminate such information, assist consumers in determining service needs and solving related problems, and refer consumer to appropriate individuals, or agencies, for resolution of problems and organization of lobbying efforts.

B. ADVOCACY GROUPS ROLE

Advocacy groups should perform roles covering public information and consumer referral; also, advisory to, and evaluation and monitoring of, service delivery systems. Groups could serve as "friends of the court" in cases of discrimination or non-compliance litigation; or as co-plaintiffs in such legal procedures.

C. UNITED FUND FOR DISABLED

A fund raising organization for all categories of disability (similar to "United Fund") should be established, for the support of all volunteer, advocacy, referral and information agencies.

D. PLANNING AND POLICY PARTICIPATION

Advocacy organizations should be represented on advisory boards to federal and state service delivery agencies for the purpose of participating in the development of agency policy, planning and implementation of such policies and plans.

SPC III-6 SPECIAL CONCERNS—SERVICE DELIVERY SYSTEMS

What is the validity of coordinating (or umbrella) agencies in service delivery?

A. ESTABLISH COORDINATION (OR UMBRELLA) AGENCY

Federal, state and local governments should create umbrella commissions to deal with needs of all handicapped individuals. This agency should have direct responsibility for planning and coordinating all services for handicapped individuals at the federal, state, local level and private contractual levels. The effectiveness of this type of management coordination should be promoted among potential clients and the general public through a comprehensive public awareness (information) campaign.

B. SPECIALIZED SERVICES AND AGENCIES

Rehabilitating handicapped persons demands special programs to avoid disabled persons being neglected in programs designed to serve all the people. Specialized agencies and programs must be basic requirements.

C. COORDINATING (OR UMBRELLA) AGENCY PERFORMANCE

Such agencies can only work if individual service programs and disciplines maintain their integrity and not become integrated, if umbrella agencies are to be effective and valid. It must be recognized that a single agency is not appropriate for every objective.

D. SATELLITE SERVICES

Satellite services should be controlled by local boards consisting of consumers and professionals, with the board having policy making authority.

E. SERVICE DELIVERY STUDY PROGRAM

Study programs should be established at the federal level, and with each state, to determine the relative validity (effectiveness) of umbrella agencies and independent agencies in delivery of services to disabled persons. The studies must be developed, reviewed and implemented in concert with consumer and advocacy groups, legislative councils and the general public.

SPC III-7 SPECIAL CONCERNS—SERVICE DELIVERY SYSTEMS

How can we get consumers involved in federal, state and local goal-setting, implementation and evaluation?

A. CONSUMER COALITION

A cooperative consumer coalition, representative of all disabilities, must be established to provide more support and power for all handicapped individuals; funding should be provided by individual membership dues. Resources should be utilized in providing consumer information to legislative bodies.

B. CONSUMER CONFERENCES

State legislatures should provide authority, and funding, for annual consumer conferences under the auspices of the Governor's Committee on Handicapped Individuals and/or Congressional authority to have successive White House conferences.

C. ELECTING CONSUMERS TO ADVISORY BOARDS

All government and private agencies affecting handicapped individuals should have at least 50 percent consumer and/or parent/guardian membership elected to agency advisory or governing boards. Qualified disabled people should be given preference in positions of leadership or as consultants to advisory boards of service delivery agencies.

D. CONSUMER TYPES AND LEVELS OF INVOLVEMENT

All disabled consumers (including those who may be considered "unemployable") should be eligible for, and involved, at all levels of government, and appropriate private agencies, in legislative hearings, boards, commissions, advisory councils and governing (or policy-making) bodies in planning, implementation and evaluation. This should include non-profit private agencies under Section 501(c)(3) of the Rehabilitation Act of 1973, as amended in 1974.

E. PEER REVIEW THROUGH FEDERAL GUIDELINES

Peer review evaluation should be strongly promoted in federal guidelines (not laws) and consultive capability developed to challenge counterproductive, destructive administrative practices.

SPC III-8 SPECIAL CONCERNS—SERVICE DELIVERY SYSTEMS

How do we accomplish joint evaluation, as it pertains to service delivery, involving the service provider and the consumer in fostering accountability in administration, decision making processes and outcomes?

A. OMBUDSMAN AGENCY

Federal, state and local governments should create an ombudsman agency responsible to the general public for follow-through, by assuring and controlling an even flow of high quality and comprehensive services to the consumer from state and federal agencies.

B. POLICY DEVELOPMENT

Advisory committees of consumers, providers and other interested individuals should be utilized as consultants for policy development, planning, evaluation and budgeting of services delivered through rehabilitation centers and workshops, for specific disability groups, and for medical and psychological services.

C. ACCOUNTABILITY AND EVALUATION

State and local personnel should be required to fulfill responsibilities through adequate and critical supervision of their professional activities. Agencies should establish "quality control" offices to continually evaluate, set standards for, and improve programs and personnel. Such accountability should cover qualitative and quantitative aspects of delivery of services.

D. SERVICE DELIVERY PERSONNEL

Federal, state and local governments should train key agency personnel in the use of appropriate evaluation models. All evaluation programs must include consumer participation. Future funding applications by providers must include such appropriate evaluation programs as stated above.

E. HEALTH DATA CENTERS

State departments of health and social services should establish health data centers to consolidate and coordinate existing health data functions (operations). Such centers would provide technical assistance to agencies requesting the development and streamlining of decision-making at the local or areawide level. Centers would assist staff at both levels in expediting information collection, retrieval and distribution.

SPC III–9 SPECIAL CONCERNS—SERVICE DELIVERY SYSTEMS

How do we assure goal-setting in rehabilitation and long-term care?

A. REHABILITATION PLACEMENT AND FOLLOW-UP

State governments should extend presently required 60-day placement follow-up period by vocational rehabilitation divisions to one year. Employ additional staff to function as placement and follow-up counselors in every state regional office.

B. MULTI (INTER-) DISCIPLINARY TEAM

State and local governments should establish a legal mechanism to assure goal-setting and long-term care through regulations and standards which would require a team consisting of client, parent/guardian and appropriate professionals, to review and evaluate achievement of goals and care.

C. DEFINE PROFESSIONAL ROLES

Local governments should clearly define the role of vocational rehabilitation professionals.

D. TERRITORIAL SERVICE DELIVERY AGENCIES

Federal funds (and territorial monies) should be made available to territorial governments to establish an agency to provide services to disabled residents of such areas. Such an agency should be required to promote employment of disabled persons.

SPC III–10 SPECIAL CONCERNS—SERVICE DELIVERY SYSTEMS

How can existing federal programs be consolidated, or modified so as to use savings in tax monies previously required for the development of human resources on a more efficient basis?

A. COOPERATION AND COORDINATION

Interagency rivalry should be discouraged, and coordination mechanisms instituted, to increase service delivery efficiently and reduce duplication. Federal legislation should be enacted which provides grants to establish state interagency councils to establish and direct coordinated human services.

B. PROPOSED LEGISLATION

A list of requested services which are not available to successive sessions of the Congress should be maintained to assess the need for desired services and to explore the possibility of their initiation.

C. CASELOAD LEVELS

Caseloads of state rehabilitation counselors should be reduced to not more than 80 at one time. Funds for additional personnel should be allocated, should caseload projections rise above this level.

D. DEINSTITUTIONALIZATION

Individuals should be placed in independent living or group home facilities as opposed to institutions or nursing homes so as to maximize individual functions and minimize costs.

E. ALLIED SERVICES VIA CONSOLIDATED SERVICE DELIVERY

Consolidated service delivery systems should strive to achieve the provision of allied services at the local level with administrative encumbrances held to a minimum. The plan should include provisions for contractual agreements with public and private agencies and organizations. Grants should be integrated among departments, agencies and other delivery systems. The plan should also require coordination of initial and renewal grants and proposals.

F. REGULATIONS

Stringent regulations, presently providing narrow specialized funding for existing areas, should be broadened to allow the transfer of funds to problem areas needing financial support. Also, broadening of program guidelines can produce cost-effective delivery of services.

G. HEARING IMPAIRED COMMISSION

Legislation should be passed to create a state commission on hearing impaired persons. The director should be appointed by the Governor.

H. DIRECT FUNDING AND TAX INCENTIVES

Legislation should be enacted to provide direct funding to parents/guardians of disabled children for their care, regardless of age. Also, additional legislations should provide tax deductions/credits for self-help services.

I. DETERMINATION OF DISABILITY

"Single form" approaches should be utilized, and mandating of one determination by all agencies could effect savings of public funds.

J. SUPPLEMENTAL SECURITY INCOME—SSI

SSI subsidies should be based on an individual basis and eligibility for payment should be based on individual need. Also, work disincentives related to SSI should be eliminated.

SPC III-11 SPECIAL CONCERNS—SERVICE DELIVERY SYSTEMS

How can we assure that the Constitutional requirement of separation of Church and State is met in providing publicly-supported counseling therapy, especially in matters of individual "heart and mind," and at the same time maximize individual opportunity for handicapped people to obtain counselling therapy in matters of "heart and mind" in line with their own religious beliefs?

A. STUDY SUPREME COURT DECISIONS

The Federal Department of Justice and the State Attorneys General Office should begin a study of Supreme Court decisions that relate to the problem. Recommendations should be made as to changes in funding laws, rules and regulations in the hiring, support and provision and parameters of therapists and therapy.

B. INSURANCE COMPANIES SUPPORT COUNSELING

Private insurance companies should be influenced to begin to support therapeutic counseling and psychotherapy on a greater and broader scale and degree.

C. REDUCE TAXES

Taxes should be reduced as public support (as payments to public agencies for psychotherapy are eliminated). A program of expense grants should be provided to individuals, allowing them to seek out their own therapists.

SPC-1 SPECIAL CONCERNS—CIVIL RIGHTS OF THE HANDICAPPED

How can Federal, State and local anti-discrimination and affirmative action laws be most effectively enforced?

A. 1964 FEDERAL CIVIL RIGHTS ACT

The Federal Civil Rights Act of 1964 should be amended to include physically and mentally handicapped persons or visibly or invisibly handicapped (including the expansion of the jurisdiction of the Civil Rights Commission to cover handicapped persons and to require appointment of handicapped persons to serve on commission to oversee enforcement of anti-discrimination and affirmative action laws).

B. STATE HUMAN RIGHTS ACTS

State Human Rights Acts should be amended to protect handicapped persons in such areas as public accommodations and Equal Employment Opportunity. State legislation should be passed to establish a special section of the Office of State Attorney General to protect the civil rights of handicapped individuals. Each State should create an Interdepartmental Discrimination Complaint Unit. State and Local Compliance Agencies should be strengthened with adequate authority. State governments should withhold funds from local governments and agencies that discriminate against handicapped individuals. The enforcement unit established should disseminate information about the civil rights of handicapped individuals.

C. PUBLIC AWARENESS/MEDIA CAMPAIGNS

Public awareness campaigns should be conducted at the Federal, state and local levels to publicize programs for the handicapped and to inform the public about rights of the handicapped and the nature of various disabilities. Handicapped persons and/or families should be informed of anti-discrimination and affirmative action laws, encouraged to exercise claims, and to publicize discriminatory practices. Workshops for public and private sectors should be established at Federal, state, local and private levels. A consumers' rights handbook should be developed at the Federal, state and local levels.

D. FUNDING

Sufficient funding should be mandated at Federal, state and local levels to effectively enforce existing legislation, e.g. Congress must provide sufficient funds to the Federal Department of Labor and to the Federal Department of Health, Education and Welfare to enforce Sections 503 and 504 of 1973 Rehabilitation Act (Public Law 93-112) in order to allow them to locate enforcement units in every State with capability to investigate and prosecute discriminatory acts (capability may require enforcement organizationally distinct from traditional civil rights units).

E. CENTRALIZE FEDERAL ENFORCEMENT

All existing Federal Civil Rights legislation (covering both physically and mentally handicapped) including the 1973 Rehabilitation Act, as amended, should be administered and enforced in one central (and perhaps separate) agency, such as a special section of the U.S. Department of Justice. This can be done either through an executive order by the President or a Congressional enactment with full funding. Compliance by state and local governments should be enforced by withholding funds.

F. CONSUMER/ADVOCACY GROUPS

Consumer advocacy groups and a legal advocate system should be organized at the Federal, state and local levels to lobby, to engage in legal advocacy and to coordinate civil rights efforts.

G. PERSONNEL

Federal, State and local governments should be encouraged to employ experienced and dedicated staff, including public relations persons and investigators to provide technical help for implementation and enforcement of existing laws.

R. CIVIL SERVICE TESTS

Federal and state civil service commissions shall devise civil service tests which do not discriminate against disabled persons and shall institute time extensions and waivers where time constraints interfere with the evaluation of a person's true ability and skills.

W. NATIONAL LEGAL COMMISSION

A national body of handicapped individuals designated by the White House Conference on Handicapped Individuals should establish Legal Commissions (60 percent of which shall be handicapped) at both the Federal and state levels which would be funded federally for 3 year renewable periods. The commissions shall: (1) detail the prosecution of a charge of discrimination against a handicapped individual, from the local level through the highest Federal level; (2) provide qualified legal representation to acquire and maintain long term employment for handicapped individuals and legally insure their income; (3) serve as a legal advisory council to all handicapped individuals and provide a WATS line service for retrieval of legal information; (4) aid the handicapped by enforcing present legislation and present cases which contain precedents; (5) disseminate information by establishing and mailing to subscribers a bi-monthly newsletter.

Y. CONSUMERS REVIEW BOARDS

The affirmative action enforcement body should have strong input from the disabled consumers in the form of advisory or review boards.

DD. ANTI-DISCRIMINATION LAWS—TIME LIMITATIONS

Federal anti-discrimination laws must contain clear time limitations for compliance and sufficient clout to force agencies, organizations, and units of government to comply.

NN. INTERPRETERS FOR DEAF

Federal, state and local governments should develop a pool of interpreters to provide servics for the deaf.

SPC IV-2 SPECIAL CONCERNS—CIVIL RIGHTS OF THE HANDICAPPED

What role can handicapped people play in legal advocacy?

A. DISABLED/SERVICE PROVIDERS LOBBY

Disabled persons, their relatives, and service providers, should organize lobby groups at the state and Federal levels to encourage Congress and state legislatures to enact beneficial legislation and to foster more communication and mutual support among local groups.

B. CONSUMER ADVOCACY COMMITTEE

Federal and state government agencies (like Federal and/or State advocate's office) should fund and create a consumer advocacy committee or council on the handicapped (consisting of consumers, service providers and legislators) concerned with the rights of the disabled to advise and help set priorities and strategies on enforcement of civil rights laws and other laws and programs for the handicapped.

C. RIGHTS BOOKLET AND DISSEMINATION

The Office of Handicapped Individuals of the Department of Health, Education and Welfare or other appropriate agencies should compile and disseminate a booklet which enumerates the legal rights and available assistance to handicapped individuals; and other public and private handicapped-related agencies should be responsible for disseminating this booklet to handicapped individuals and agencies working with them.

D. FUNDING FOR ADVOCACY/LEGAL PROGRAMS

Advocacy programs should be funded by state and Federal governments to serve as both an information and legal resource. Handicapped individuals should seek Federal funding to establish legal centers and services and to underwrite legal fees of economically needy handicapped individuals. Or existing handicapped groups, through attorneys, could collectively sue and pay for legal costs themselves.

E. PUBLIC LEGAL ASSISTANCE

Governors shall ensure that handicapped individuals are on Advocacy Committees required under the Federal Developmental Disabilities Assistance and Bill of Rights Act of 1975 and that the committees are adequately funded. The State Developmental Disabilities Council should provide legal services of attorneys to assist handicapped individuals in asserting their rights.

F. LAWYERS AND EDUCATION

At Federal, state and local levels, handicapped persons should seek help from attorneys to set up mandatory training and education programs about rights of handicapped individuals in law schools, allied higher education programs and public schools, and should establish grievance procedures for complaints against non-responsive lawyers.

G. WHITE HOUSE CONFERENCE DELEGATION COMMITTEE

A committee composed of representatives of each delegation to the White House Conference should be selected to contact Congresspersons to advise them of desired action.

I. STATE-SPONSORED ADVOCACY TRAINING PROGRAM

State governments should establish a program to train handicapped individuals as para-professionals, legal advocates or ombudsmen to assist other handicapped individuals to know and receive their rights through community legal services.

J. REMOVE BARRIERS TO POLITICAL PROCESSES

At state level, architectural barriers should be removed, interpreters should be provided and braille should be preprinted for public meetings.

K. ADVOCACY IN INSTITUTIONS

An advocate who knows the rights and how to enforce these rights of institutionalized persons should be placed in each institutional setting but should not be under the institution's supervision.

L. STATE LEGAL ADVOCACY COMMITTEES

Governors should immediately appoint Human and Civil Rights Advocacy Committees to represent state areas and departments providing implementation services to the handicapped. These committees must be staffed and financed (with discretionary funds for immediacy) to enable them to react as needed. These committees should have the power and influence to:

1) Investigate;

2) Initiate immediate court action (such as cease and desist orders, writs of mandamus, or injunctions);

3) Introduce legislation and provide information for lobbying efforts (e.g. all aspects of Equal Employment Opportunity (EEOC).

SPC IV-3 SPECIAL CONCERNS—CIVIL RIGHTS OF THE HANDICAPPED

How can we enforce the right to an equal education opportunity for handicapped citizens?

A. MAINSTREAMING IN PUBLIC EDUCATION

Mainstreaming of handicapped individuals in regular public education systems should be required at state and local levels.

It should be demonstrated at state and local levels that mainstreaming reduces the need for specific segregated programs and allows exposure to needs of handicapped persons. Special help for integration into regular environment should be provided, as needed, at the state level.

B. ENFORCEMENT AT FEDERAL, STATE AND LOCAL LEVELS

Strong enforcement of Public Law 94-142, the Education of All Handicapped Children Act of 1975, should be mandated. A program to accelerate hearings and appeals proceedings where equal education opportunity laws are not enforced should be established at Federal, state and local levels. Funds should be withheld for non-compliance in education of handicapped individuals.

C. ACCESSIBLE PUBLIC EDUCATION FACILITIES

At Federal, state, local and private levels, public facilities, including public schools and colleges (administrative, classrooms and dormitory buildings) should be accessibly constructed and located.

D. COUNSELLING FOR PARENTS

Counselling should be provided for parents at the state level so they can help form and monitor programs for children.

E. PUBLIC EDUCATION CAMPAIGNS

Public education campaigns should be established at the federal level to inform handicapped individuals about their civil rights and the anti-discrimination laws. The equal education rights of handicapped individuals shall be simply stated, published and disseminated, with the following procedure in case of violation: notification of violator and initiation of suit by handicapped person.

F. LEGISLATURE FUNDING FOR HANDICAPPED EDUCATION

State legislature should appropriate funds for handicapped education equal to, or greater than, general public education. There should be adequate state and local funding to promote equal educational opportunity.

G. OFFICE OF THE HANDICAPPED

At Federal, state, local and private levels an office of the handicapped should be established to enforce existing laws.

H. LAW PROHIBITING QUESTIONS ABOUT MENTAL HEALTH

At Federal, state, local and private levels the Federal law prohibiting questions about mental health on state agency forms should be enforced.

J. CONSUMER AND PARENT ADVISORY COUNCILS

At Federal, state, and local levels, consumer and parent advisory councils should be established to oversee compliance by educational agencies.

K. MONITOR LOCAL EDUCATION

At state level, parent advocate and consumer organizations should monitor local education programs by assuring local schools are in compliance with Public Law 94–142, the Education of All Handicapped Children Act of 1975.

O. PUBLIC SERVICE ANNOUNCEMENTS

State and local public education agencies should produce public service announcements about rights of disabled children and their parents.

R. FEDERAL BUREAU OF EDUCATION FOR THE HANDICAPPED

The Federal Bureau of Education for the Handicapped shall provide national support to groups or individuals enforcing equal education opportunity for the handicapped.

V. COORDINATION

A master plan for full service to state's handicapped population should be developed at the state level, through a statewide participatory process.

Y. SPECIAL EDUCATION

At Federal, state and local levels public schools should have qualified teachers for the blind and deaf, and special schools for the mentally handicapped should be distributed throughout a state.

AA. REPORT TO DEPARTMENT OF EDUCATION

All local government executives should make a confidential report to the Department of Education about any child within their jurisdiction who is not being provided with educational opportunity required by law.

DD. COMPLIANCE ENFORCEMENT PENALTY

Federal monies should be withheld from school districts not complying with Federal and state regulations.

FF. SPECIAL EDUCATION TEACHERS

Federal funding should be provided as a salary incentive to increase the skills of special education teachers.

SPC IV–4 SPECIAL CONCERNS—CIVIL RIGHTS OF THE HANDICAPPED

How can we enforce the right of equal employment opportunity for handicapped citizens?

A. AFFIRMATIVE ACTION AT FEDERAL STATE AND LOCAL LEVELS

Federal and State Compliance Boards should be established to police affirmative action plans. State and local laws should be amended to add mentally handicapped as protected class.

There should be sufficient funding at the Federal and state levels to enforce Section 504 of the Rehabilitation Act of 1973.

The state or territorial legislature should pass legislation providing for equal employment opportunity for handicapped persons in private and public contracts and should ensure that the laws are enforced.

At federal, state, local and private levels burden of proof should be on employer under Sections 503 and 504 of the 1973 Rehabilitation Act. Section 504 of 1973 Rehabilitation Act should be strictly enforced against all employers, not just government contractors.

The Federal government should establish adequately staffed and funded single enforcement agencies in each state to investigate all complaints (Sections 501, 502, 503, 504 of the 1973 Rehabilitation Act) from handicapped individuals.

At the Federal and state levels affirmative action should apply to both government and private employers. State governments should adopt or enact into law affirmative action programs similar to those in Sections 501 (Federal Government) and 503 (Federal Government Contractors) of the 1973 Rehabilitation Act.

B. INDUCEMENTS TO EMPLOYERS

Federal and state tax relief and other aid to restructure plants or operations should be available to employers who hire handicapped persons at the earliest possible date.

C. PENALTIES TO PROTECT HANDICAPPED EMPLOYEES

Laws should be enacted at Federal, state and local levels to penalize employers if handicapped employees are dismissed or have duties changed, without consent of employee.

D. TESTING PROCEDURES

Equitable employment testing procedures must be established at Federal, state, and local levels.

E. COLLECTIVE BARGAINING

Laws should be enacted at the Federal level to allow collective bargaining and free access to work locations to distribute literature to disabled employees in sheltered workshops.

F. EMPLOYMENT DISCRIMINATION

Equal Employment Opportunity laws should be expanded at Federal, state, local and private levels to include discrimination due to handicap when handicap is not job related.

G. EDUCATION OF EMPLOYERS

Employers should be re-educated at Federal, state and local levels, regarding rights of handicapped individuals.

H. MORE HELP TO JOB SEEKERS

Federal, state and local employment services (with advocacy facilities) should be readily available to handicapped job seekers.

I. EQUAL EMPLOYMENT LOBBYING

Organizations of the handicapped or interested rehabilitation groups must propose laws providing equal employment of the handicapped to the Congress. A coalition of disabled persons should be organized to lobby and support enforcement procedures at the Federal and state levels.

J. CIVIL SERVICE TESTS

The Federal and State Civil Service Commissions should be called upon to devise Civil Service tests which do not discriminate against handicapped persons, and to allow special time extensions and waivers to be instituted for handicapped persons where time constraints interfere with the evaluation of a person's true ability and skills.

L. COMPENSATION

The Federal Fair Labor Standards Act should guarantee that sheltered workshop trainees be paid compensations equal to that paid persons doing similar work in the community.

M. SHELTERED WORKSHOPS TRAINEES

Congress should enact legislation declaring that persons working in sheltered workshops should be labeled "trainees" only so long as they remain in training, and that upon the successful completion of such training these persons should be classified as qualified workers.

O. PUBLIC AWARENESS

The State Human Rights Commission should be publicized at the state and local levels.

P. CIVIL SERVICE REGULATIONS

Civil Service Regulations should be amended on excepted appointments to allow for Civil Service status and equal benefits, including career conditional appointments.

S. STATE EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

The Jurisdiction of State Equal Employment Opportunity Commissions should be extended to handicapped individuals.

T. PERSONNEL INSTRUCTION

At the Federal, state and local government levels and in the private sector, workers with handicapped individuals should become familiar with the revised Civil Rights Acts and should provide follow-up services after placements.

U. FUNDING

State legislatures should give adequate appropriations to the State Fair Employment Practices Commissions to handle the new backlog of cases concerning equal employment opportunity for handicapped persons.

W. RIGHTS HANDBOOK

The Equal Employment rights of handicapped individuals should be simply stated, published, disseminated and enforced by the Federal Department of Labor by such methods as fines and termination of government contracts.

AA. SIGNING SKILLS INCENTIVES

Adequate salary incentives must be established to promote training of non-deaf employees in signing skills to integrate the deaf into regular employment.

BB. ELIMINATE WORK DISINCENTIVES

A system for equity of Supplementary Security Income/Social Security Disability Insurance benefit payments for all disabilities must be established and Supplementary Security Income/Social Security Disability Insurance regulations must be revised to eliminate work disincentives.

EE. HIRE CONSUMERS AS INVESTIGATORS

Consumers should be hired as investigators at state, local and private levels.

HH. PUBLIC EDUCATION

The public should be educated about handicapped persons through primary school at the state, local and private levels.

KK. COORDINATE IMPLEMENTATION OF SECTION 504

Full and effective implementation of Section 504 of the Rehabilitation Act should be accomplished through an interdepartmental coordinating body of federal agencies (including but not limited to the Departments of Housing and Urban Development, Transportation, Health, Education and Welfare, Labor and Justice). The President should appoint, or Congress designate a lead agency for this body.

The charge to the coordinating body will be to assure that accountability is clearly defined and uniformly and equitably enforced. Additionally, the coordinating body should study and suggest methods for spreading the costs for accommodating severely disabled persons.

SPC IV-5 SPECIAL CONCERNS—CIVIL RIGHTS OF THE HANDICAPPED

What are the ways to accommodate the needs of institutionalized persons for occupations in light of the court ruling that these persons cannot work unless paid?

A. WORK BY RESIDENTS AT MINIMUM WAGE

Institutional residents should do as much of the institutional work as possible as job training activity and they should be reimbursed commensurately.

B. LEAST RESTRICTIVE LIVING

At the federal and state levels, vocational rehabilitation services should be mandated for all handicapped, including the profoundly mentally retarded and multi-handicapped in institutions, thus making the goal "least restrictive living" rather than "substantial gainful employment", and thereby mandating the goal of each institution as habilitation or rehabilitation and moving toward mainstreaming in the community.

C. INSPECTION BY RESIDENTS

At Federal and state levels, inspection procedures, which are usually handled by Federal and state agencies, should be handled by the residents of the institution.

D. VOLUNTEER SERVICES

At Federal and state levels, patients should be allowed to volunteer for certain jobs in the institutions.

E. VOCATIONAL AND ON-THE-JOB TRAINING

Federal grants from Vocational Education, Vocational Rehabilitation and/or Comprehensive Training and Employment Act Programs should be provided to enable colleges and vocational-technical schools to offer short term job training programs to institutionalized persons.

F. ACCREDITATION OF SHELTERED WORKSHOPS

Accreditation of sheltered workshops should be done at the state level by a board whose membership is comprised of one-third disabled consumers, selected by consumer organizations.

G. AMEND MENTAL HEALTH CODE

The State Mental Health Code should be amended to require that psychiatric workers on Mental Health wards have interpreters available to them to facilitate communication with deaf patients.

H. INSTITUTIONALIZED WORKERS STUDY

A study should be conducted to determine what salary is to be paid to capable institutionalized persons in order to develop work skills.

I. DETERMINER OF STATUS

Professionals at Federal and State Institutions should decide when a patient's work is no longer part of therapy, should deinstitutionalize capable persons for regular outside employment, or should place him/her on the institutional work force under Fair Labor Standards Act rules (avoid running a peonage system).

SPV IV-6 SPECIAL CONCERNS—CIVIL RIGHTS OF THE HANDICAPPED

How can we implement the right to equal access to buildings and transportation systems for handicapped persons at the federal, state and local levels?

A. FEDERAL/STATE ARCHITECTURAL AND TRANSPORTATION BARRIERS COMPLIANCE BOARDS

Federal, state and local Architectural and Transportation Barriers Compliance Boards should be established and/or funded with adequate enforcement mechanisms. The State Attorney General and local district attorneys shall enforce accessibility laws. Federal, state and local laws must be enacted, stating that buildings, not found complying with existing and future accessibility laws, would be ineligible to receive future funding until facility was found accessible (usable and functionable).

B. ACCESS/CIVIL RIGHT

Federal, state and local accessibility statutes shall be enforced as civil rights statutes (i.e., accessibility is civil right) with private right to sue. The Rehabilitation Act of 1973 should be clarified as amended, including its regulations to assure architectural and transportation accessibility as a civil right relating to publicly-used buildings, vehicles and transportation systems and services. The 1964 Civil Rights Act should be amended to make architectural and transportation (i.e., environmental) accessibility a civil right for all publicly-used buildings and transportation vehicle systems and services.

The Civil Rights Act of 1964 must be amended to recognize and include the disabled as a minority group by adding the word "handicapped." The federal government should be required under the equal protection clause of the Constitution to demand that all architectural barriers be eliminated.

C. AMEND ARCHITECTURAL BARRIERS ACTS

Federal, state and local Architectural Barriers Act should be amended and enforced by appropriate personnel, including building inspectors, to include all publicly-used (even though privately owned) buildings.

D. ACCESSIBLE PUBLIC TRANSPORTATION

At Federal, state and local levels mandate that all public transportation (urban, rural and interstate) shall be accessible to handicapped persons.

E. PUBLIC BUILDINGS BE ACCESSIBLE

State laws shall be amended to require all public buildings to be accessible to handicapped individuals within 5 years, and to require that each state agency submit a compliance plan to meet 5-year limit.

F. ACCESSIBILITY FINANCIAL INCENTIVE

At the Federal, state and local levels tax incentives should be given to the construction industry, business and private home owners to stimulate accessibility, design and standard development.

G. TAX RELIEF/CARS

At the Federal, state and local levels tax relief should be allowed for handicapped persons who use personal vehicles.

J. PROPOSED SECTION 504 REGULATIONS/ACCESSIBILITY

Proposed Section 504 Regulations, under 1973 Rehabilitation Act, should promote a superior access standard and accessible environment for rehabilitation services agencies, and not be limited merely to program accessibility. The Federal government should mandate states to develop procedures and regulations for accessibility compliance under Section 504 of the 1973 Rehabilitation Act, and the Education for All Handicapped Children Act of 1975.

M. FORBID SPENDING FOR NON-ACCESSIBLE ACCOMMODATION AND TRANSPORTATION

At Federal, state and local levels, laws should be enacted to forbid spending public monies for inaccessible public accommodation/transportation.

N. AMEND 1964 URBAN MASS TRANSPORTATION ACT

Congress should amend the 1964 Urban Mass Transportation Act to establish a specific funding requirement that fund requests contain compliance plans showing how expenditures would benefit handicapped groups.

BB. LEGISLATION REQUIRING ACCESSIBILITY FOR ALL DISABILITY GROUPS

Legislation should be passed at the Federal, state and local levels to require that Building Codes have accessibility features for the blind, such as (1) rough and distinctly colored pavement texture where curbs have been removed and for border lines between streets and driveways of filling stations, garages, bus stations, etc.; (2) warning of steps by rough and distinctly colored texture pavement and floor coverings; (3) raise low-hanging awnings and signs; (4) embossed signs and numbers inside and outside buildings.

JJ. INSURANCE

Each state, through its chapter of the National Safety Council, should research the accident records for disabled drivers and develop equitable automobile insurance rates for these drivers.

LL. DRIVERS LICENSING

State Departments of Motor Vehicles should select handicapped representatives to evaluate and remove discriminatory regulations for issuing drivers licenses.

SPC IV-7 SPECIAL CONCERNS—CIVIL RIGHTS OF THE HANDICAPPED

What should the right to treatment in the least restricted environment encompass, and how can it best be enforced?

A. TRAINING

Federal and state governments should provide more non-residential treatment and training facilities, as well as in-service training for activity directors.

B. TREATMENT ALTERNATIVES

Treatment alternatives that are readily accessible to the handicapped should be provided within the community.

C. OPTIONS TO CIVIL COMMITMENT

When civil commitment of a mentally handicapped person is considered (at the Federal, state or local levels), there should be manditorily available options ranging from tax-supported care in the home to institutionalization, including community mental health centers, boarding homes, and nursing homes.

D. CENTRAL MONITORING SYSTEM

A central Federal and state level monitoring system should be established to track:

—The availability and location of slots in foster, boarding and nursing care facilities.

—Programs/available service in each facility.

—The distribution of programs and whether they meet state-wide needs.

E. REVIEW/ANALYSIS OF DISCHARGE PROCEDURES

An independent enforcement agency at Federal, state and local levels should provide for in-depth review and critical analysis of current programs, present and proposed discharge procedures and criteria used by institutions.

F. NATIONAL INSTITUTE FOR HANDICAPPING CONDITIONS

A national state, local clearing-house should be created such as the National Institute for Handicapping Conditions which would refer individuals to the best treatment resource for his/her specific problem within the surrounding area, and the individual should be allowed to get the best available services.

G. NEEDS ASSESSMENT AND SERVICES PLAN

A needs assessment and comprehensive plan for services should be conducted at Federal, state and local levels.

H. ORIENTATION AND MEDICAL SERVICES PROGRAM

A coordinated program of orientation and medical services for handicapped individuals should be established at Federal, state and local levels.

I. LAW MANDATING MEETING MORE THAN PHYSICAL NEEDS

Federal and state laws should be passed that require care programming to meet more than physical needs.

N. FREE TREATMENT

Laws should be enacted that guarantee treatment for handicapped persons in public or private institutions or in out-patient facilities.

O. MEDICARE/MEDICAID

Federal and state legislation should be enacted to require all doctors and hospitals to accept Medicare and Medicaid individuals for treatment.

P. INSURANCE

State departments of insurance should research national statistics and records to develop guidelines for health and life insurance rates which do not discriminate against the disabled.

Q. ZONING REGULATIONS

At local level, discriminatory zoning regulations preventing neighborhood location of treatment facilities should be prohibited.

R. DUE PROCESS

At the state level, due process hearings should be mandated prior to institutionalization and should require finding a non-institutional appropriate placement or appropriate supportive service for the individual.

V. PATIENT HELP

Mechanisms should be established in state mental institutions to permit persons within them to request certain types of help.

X. DUE PROCESS/CHILDREN

No minor child shall be removed from his/her home without full due process, including prior notice and independent legal representation.

Y. SECTION 504 ENFORCEMENT

The regulations for Section 504 of the 1973 Rehabilitation Act should apply to all individual health care professionals.

Z. OPEN RECORDS

All records should be open and available to parents of minor children, patients, former patients and/or persons of their choosing. It shall be presumed that a person is competent to know what affects him/her, unless proven otherwise.

AA. THE RIGHT TO DIE

No person, regardless of age, shall be denied life-saving treatment or rehabilitation because of his/her handicap without due process including, but not limited to, a full disclosure of diagnosis and prognosis to parents or patient. Signed statements by physician and parents, guardians or patient must be required in order to withhold care as well as for treatments which involve risks.

CC. ROLE OF U.S. DEPARTMENT OF JUSTICE

Legislation should be enacted to authorize the U.S. Department of Justice to participate in litigation to enforce the rights of disabled people to least restrictive living arrangements, appropriate services and freedom from harm.

SPC IV-8 SPECIAL CONCERNS—CIVIL RIGHTS OF THE HANDICAPPED

What can be done to insure that handicapped people can exercise their right to vote?

A. ACCESSIBLE POLLS, BOOTHS, AND BALLOTS

Horizontal configuration voting machines with levers accessible to wheelchair voters should be provided as should braille or other identifying number labels so that handicapped persons can vote without assistance. An appropriate state agency should require that all political caucuses, registration places, polling facilities and voter information materials are accessible to any person with a handicapping condition.

At federal, state and local levels election supervisors and polling place workers should be informed and willing to provide minimum help to enable disabled persons to vote at the poll. A state law should be enacted providing braille on at least one voting machine per district; and an assistant to enter polling booth with visually impaired, if person cannot negotiate machine. Officials should allow a family member to enter the booth with the handicapped individual to assist.

Handicapped persons should be allowed to state their need for assistance and to receive assistance without a letter or other justifying document from physician or agency personnel. If a blind person or other handicapped individual needs assistance, he/she should be allowed to select any one of his/her choice to assist in voting booth with no record being kept.

Federal laws should be passed to require states to tailor absentee ballot to a person's handicap. A brailled ballot shall accompany each regular absentee print ballot for use by visually-impaired voters. Voting regulations for persons with mental disabilities should simply and succinctly be explained. Federal, state and local laws should allow the educable mentally retarded to vote.

Federal, state and local governments should permit otherwise qualified consumers with guardians to vote. Local election commissioner should appoint handicapped individuals to monitor polling place accessibility.

B. FEDERAL AND STATE VOTING RIGHTS ACTS AND FEDERAL CIVIL RIGHTS ACT

The 1965 Voting Rights Act and state laws should be amended to assure architectural accessibility of polls, the adoption of non-burdensome absentee balloting procedures, and the requirement that election boards make registrars available to the handicapped. The Federal government should amend the 1964 Civil Rights Act to include handicapped individuals. State and territorial legislatures should enact laws assuring the right of handicapped persons to vote, taking into consideration the effect of the handicapping condition on the ability to exercise that right.

C. VOTE AT HOME

Federal, state, and local governments should allow absentee voting, or a polling official to go to the residence of a handicapped individual.

D. PUBLICIZE ACCESSIBILITY VIA MEDIA ACTIONS/SERVICES

Local media campaigns which are captioned or interpreted should be conducted to inform the handicapped of their right to vote and of accessible polls.

E. TRANSPORTATION TO POLLS

Federal, state and local groups should provide transportation to polls.

G. GOVERNOR'S COMMITTEE FOR EMPLOYMENT COORDINATION

The Director or other appropriate official of the Governor's Committee for Employment of the handicapped should coordinate activities to arouse the interest of handicapped persons in voting.

H. AID AT TOWN MEETINGS

There should be deaf interpreters at town meetings and brailled ballots at polls.

I. REGISTRATION BY MAIL

Registration by mail should be legal in all states.

J. NATIONAL ELECTION COMMITTEE/VAN

There should be a national election committee (federal, state, and local) and an accessible travelling van to go to the homes of shut-in disabled (i.e., nursing homes and hospitals, etc.) to assist in registration of handicapped voters.

SPC IV-9 SPECIAL CONCERNS—CIVIL RIGHTS OF THE HANDICAPPED

What must be done to insure that handicapped persons can marry, procreate and rear both natural and adopted children?

A. HANDICAPPED RIGHT TO MARRY

State legislatures and enforcement agencies should review and amend state laws regarding right of physically and mentally handicapped (including elderly and nursing home persons) to marry, procreate and rear both natural and adopted children in compliance with the Federal Constitution.

B. AWARENESS CAMPAIGN

An awareness campaign should be conducted at Federal, state and local levels to show that handicapped persons have the same basic needs as non-handicapped, and that handicapped should not be discriminated against. Health professionals should be educated at federal and state levels through publications and school curriculum concerning the rights of handicapped persons to marry, procreate and rear natural and adopted children.

C. MARRIAGE/PARENTAL RIGHTS

Federal and state legislatures should take appropriate action to reaffirm the civil rights of handicapped persons with respect to marriage, family, and the adoption of children. It is also suggested that existing state laws regarding the termination of parental rights be expanded to protect the civil rights of handicapped persons.

D. AMERICAN BAR ASSOCIATION TASK FORCE

The American Bar Association should be asked to appoint national and state task forces to review existing laws and recommend repealing laws preventing handicapped from marrying, procreating, and rearing both natural and adopted children.

E. FUNDING TO PROTECT CIVIL RIGHTS

State enforcement agencies should be adequately funded to protect civil rights of handicapped.

F. FUND RESEARCH IN FAMILY LIFE

Federal and state agencies should provide funding for research in the area of family life of handicapped persons.

G. MARRIAGE/SOCIAL SECURITY

Congress should amend the law to allow two persons to draw maximum social security benefits regardless of marital status.

SPC IV-10 SPECIAL CONCERNS—CIVIL RIGHTS OF THE HANDICAPPED

What can be done to insure that handicapped people are knowledgeable of their rights?

A. PUBLIC AWARENESS

State Human Rights Agencies should initiate massive public education drives concerning State handicap discrimination laws. At Federal, state and local levels, public and private agencies should inform their clients of their rights. Teams of community people should be organized to go into consumers' homes to inform them of rights.

The Federal Department of Health, Education and Welfare, and the Department of Labor should inform the handicapped about Sections 503 and 504 (1973 Rehabilitation Act) rights by public service announcements over TV and radio.

Treatment, training, educational and recreational facilities to conduct educational programs should be required at federal, state, local and private levels to inform handicapped of their rights.

At Federal level require a greater commitment by local and national mass media to carry specialized programming for handicapped public. A rigorous media campaign should be initiated by Federal, state and local governments to show the many abuses of handicapped persons' civil liberties.

Federal and state service delivery agencies should inform consumers of rights associated with particular services. Executive Departments at the Federal, state and local levels should disseminate information about rights.

Federal, state and local government agencies should use appropriate means of communication to inform consumers of their rights when they apply.

At the Federal, state and local levels establish a clearing-house for gathering and disseminating information to the public and making referrals (expand role of Office of Handicapped Individuals).

At federal, state, local and private levels establish public awareness campaigns about rights to disabled.

At Federal, state and local levels initiate a blitz public education drive to inform the disabled of their rights through mass media, public agencies and private organizations (the Federal

Communications Commission, the networks, and the National Institute for Handicapping Conditions).

At Federal, state, local and private levels employers should be required to inform handicapped employees or potential employees (or be sanctioned for not doing so) of their job-related rights and resources.

More awareness days should be conducted.

All counselors at Federal and state levels should be informed of consumer civil rights. Federal and state governments should prepare and distribute a comprehensive, readable summary (i.e., handbook) of all the rights of handicapped individuals.

B. CURRICULUM

At state level teacher education curriculum should include a course on handicapped rights and special education teacher certification.

At state, local and private levels public and private schools should require a course on handicapped rights. Federal and state departments of education should be mandated to require instruction on rights of handicapped as an integral part of the curriculum.

Federal and state governments, and private bar groups should request that law schools initiate training to sensitize law school graduates to the needs and problems of the physically and mentally handicapped. The Federal and state Departments of Education shall develop and establish in the schools a course of study dealing with disabled persons and their rights as citizens.

C. STATE ADVOCATE'S OFFICE

State should enact laws to create legal advocates' office to advocate rights of handicapped individuals on a state-wide basis.

E. LEGISLATIVE CLEARINGHOUSE

At Federal, state, local and private levels create a central clearinghouse for existing laws and bills pending before legislative bodies.

F. CHANNEL 21

The Federal Communications Commission should reserve Channel 21 for a television network to serve deaf and hearing-impaired viewers

G. INTERPRETER/TELETYPEWRITER

The President should be required to hire a full-time interpreter for all news conferences, and all federal and state legislators should have Teletypewriter Systems (TTY) installed in their offices to ensure equal access to information and communication with government officials.

H. LEGAL ORIENTATION

Legal orientation should be offered to those groups or associations of handicapped that exist in the community.

I. WATCHDOG AGENCY

A watchdog agency should be established at state level to insure accountability of public and private services to handicapped individuals by providing information.

J. SOCIAL SERVICES

At Federal, state, local and private levels social services should be developed that are designed to identify and service handicapped individuals who are without access to sources of information or education.

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K. CAPTIONED TV

At Federal, state and local levels develop and increase more captioned non-news programs on television for deaf persons and, if station does not have captioning facilities for programs deemed important by local deaf communities, interpreters should be used.

N. FUND SOCIAL SERVICES

Congress shall maximally fund social service departments throughout the nation so that communications systems about services to the handicapped shall be improved and be uniformly available throughout the nation.

P. EMERGENCY CAPTIONS

The Federal Communications Commission should require television stations to furnish simultaneous captions for weather forecasts as well as danger alerts, such as tornado, earthquake, severe weather or other hazards with no need for the handicapped to purchase special equipment to receive such information.

Q. NON-GOVERNMENTAL ADVOCACY SYSTEM

At the state level there should be a non-governmental advocacy system apart from any state agency and covering all disabilities.

S. LAY LANGUAGE

Federal, state and local government agencies should translate legislative language to lay terms.

V. HOTLINE

Federal/state grants should be given to Federal, state and local consumer advocate organizations to provide speakers, "hotline" telephone information services and/or consumer information bulletins regarding their rights and services provided by public and private agencies.

W. AFFIRMATIVE ACTION UNDERSTANDING

Vocational Rehabilitation Counselors and others who are under affirmative action law must thoroughly understand all civil rights laws.

X. LAW ENFORCEMENT AGENCY INTERPRETERS

All Federal, state and local law enforcement agencies should have interpreters and readers available, in order to communicate with the deaf and blind, and inform them of their legal rights.

Y. STATE WHITE HOUSE CONFERENCE ON HANDICAPPED INDIVIDUALS DELEGATES ADVOCACY COMMITTEE

State White House Conference on Handicapped Individuals delegates should establish committees to appear before consumer groups organizations and government agencies, and study inequities among various handicapped groups.

Z. ADVISORY COMMITTEE REPRESENTATION

Advisory committees for federal/state/local agencies or commissions dealing with handicapped problems should include 50 percent handicapped representatives (including minority representation).

SPC IV-11 SPECIAL CONCERNS—CIVIL RIGHTS OF THE HANDICAPPED

How do we insure the full enforcement of the present legislation, and how do we close the existing loopholes?

A. AMEND 1964 FEDERAL CIVIL RIGHTS ACT

The 1964 Federal Civil Rights Act should be amended to include handicapped individuals.

B. LOBBY GROUPS

At Federal, state and local levels lobbying groups or coalitions of the disabled should be created to lobby and communicate with the general public and various disability groups, and call attention to non-compliance and needed legal action.

C. STAFF/FUNDING OF ENFORCEMENT

At Federal, state and local levels adequate funding and staffing of enforcement organizations should be provided through legislation.

D. HOUSING AND OTHER SERVICES

At the Federal, state and local levels housing and other supportive services shall be designed, constructed and used so as not to segregate or isolate handicapped individuals from their non-handicapped neighbors. Housing subsidies should be available for all disabled individuals in accessible urban and suburban areas.

E. LAW ENFORCEMENT

At Federal, state, local and private levels procedures should be developed for enforcing legislation. States should utilize existing policing agencies with advocacy group oversight to enforce existing legislation, and make enforcement activity more attractive.

F. RIGHTS ENFORCEMENT

The Congress should enact legislation to establish and fund, through continuous appropriations, a Special Division of the U.S. Department of Justice to protect civil rights of handicapped. The state legislatures should enact legislation to establish and fund, through continuous appropriations, a Special Division of the State Attorney General's Office to protect civil rights of handicapped.

H. TIMETABLES

Reasonable time limits on case processing should be set at state and local levels.

I. INSURE HUMAN RIGHTS OF INSTITUTIONALIZED PERSONS

Federal, state and local governments should support actions to assure human rights of persons in institutions, including the mentally retarded, mentally ill prisoners, and disabled persons in nursing homes.

K. STATE STANDARDIZATION GUARDIANSHIP

Federal legislation should provide for uniformity and standardization of guardianship laws and recognition by state courts of out-of-state guardianship decrees entered on behalf of retarded individuals.

N. INSURANCE RATES

Consumer groups and advocates must exert influence on state commissioner of insurance to investigate equity of rate structure for life and auto insurance.

O. INTERPRETERS

Interpreters should be provided in all legal proceedings where needed.

P. ARCHITECTURAL BARRIERS

At Federal, state and local levels architectural barrier laws should be amended to extend to all buildings, including privately funded, publicly used buildings and parking areas, curbs and sidewalks.

Q. PENALTIES

At Federal, state and local levels civil rights legislation should be enforced by specific penalities such as fines and withholding of funds.

R. MONITORING LEGISLATION AND SERVICES

Local and independent Federally funded agencies administered by handicapped individuals or their advocates should monitor legislation, enforcement and services.

V. DEAF/BLIND RIGHTS AND LAW ENFORCEMENT

Law enforcement agencies at federal, state, local and private levels should provide intepreters and readers for the deaf and blind so they are properly informed of their legal rights.

X. ACCOUNTABILITY GUIDELINES

Guidelines for accountability, including responsible authority, goals, and timetables for proposed programs should be established at state and local levels.

BB. PRIVATE RIGHT OF ACTION

Private rights of action should be granted at Federal, state and local levels with award of attorney's fees and statutory damages.

CC. PROPOSED CONSTITUTIONAL AMENDMENT

Congress shall pass and the state legislatures ratify a proposed new U.S. Constitutional amendment which reads as follows:

> Section 1: Equality of rights under the law shall not be denied or abridged by the U.S. or by any state on account of physical or mental disability.
>
> Section 2: The Congress shall have the power to enforce, by appropriate legislation, the provisions of this article.
>
> Section 3: This amendment shall take effect two years after the date of ratification.

FF. INTERNAL REVENUE CODE/BLINDNESS

Internal Revenue Code should be amended to extend blindness exemption to all handicapped individuals.

NN. LEGAL SERVICES

Strong public interest law services such as the American Civil Liberties Union or legal services programs should be established at local and private levels.

FFF. EQUAL EMPLOYMENT OPPORTUNITY

Federal and state laws should be amended to secure equal employment opportunity to all handicapped individuals and not just preferential treatment for handicapped veterans.

SPC IV–12 SPECIAL CONCERNS—CIVIL RIGHTS OF THE HANDICAPPED

How can we assure handicapped are not discriminated against by insurance businesses?

A. LACK OF RISK DATA

Since the insurance business relies heavily on actuarial conditions, the lack of risk data or unreliable risk data should not be allowed as an excuse for not providing insurance, and if necessary, Federal and state government guarantees should be provided to assure that this insurance coverage is provided.

B. HIGH RISK INSURANCE/MEETING

Statewide meeting should be held with the Commissioner of Insurance to insure that insurance requirements require the imposition of higher rates only when a particular individual is shown to be a high risk or only when persons with very special handicaps are shown to fall within a high risk category.

SPC IV-13 SPECIAL CONCERNS—CIVIL RIGHTS OF THE HANDICAPPED

What can be done to assure provision of services without discrimination?

A. GUIDELINES/ROLE OF HANDICAPPED

Handicapped individuals should be included in the development of guidelines and quality control systems.

B. QUALITY CONTROL

The Federal Department of Health, Education and Welfare should develop a quality control system to assess services provided other than numbers served in order to eliminate the discriminatory system of selecting easy cases to meet quotas.

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SPC IV-14 SPECIAL CONCERNS—CIVIL RIGHTS OF THE HANDICAPPED

What can be done to eliminate communication barriers which hinder disabled persons in achieving their civil rights?

A. PUBLIC AGENCY SIGN LANGUAGE

All public agencies and hospitals should have sign language interpreters available upon request for clients or visitors.

B. THE FEDERAL COMMERCE COMMISSION

The Federal Commerce Commission should use the decoder RM 2616 as regular broadcasting equipment and ensure that all television Civil Defense broadcasts and news broadcasts be signed or captioned by the RM 2616 for the deaf.

C. LIBRARY OF CONGRESS/BLIND

The Library of Congress facilities for the blind should be tripled and a consumer board, including disabled individuals, should be created to make recommendations of future planning.

D. TELEPHONE RATES

All adaptive telephone equipment should be provided at comparable rates and such equipment should be part of the normal stock of supplies maintained by communications companies.

E. TELEPHONE EQUIPMENT

All public agencies and public buildings should have special equipment that the physically disabled/blind/deaf can use for telephone communications; this equipment should be available on request; and it should also be available for incoming calls.

F. PUBLIC DOCUMENTS ACCESSIBILITY

There should be a requirement that public documents which affect the rights of those with disabilities be published in extra-large lettering, braille and/or recordings for the visually handicapped.

G. CAPTIONING FOR DEAF

All newscasts, public service and emergency announcements should be captioned.

H. PUBLIC TELEVISION CAPTIONING

Publicly-supported television should caption all programs receiving public funds.

SPC IV-15 SPECIAL CONCERNS—CIVIL RIGHTS OF THE HANDICAPPED

In a time of increasing public awareness of the special needs of all handicapped people what innovative approaches may be taken by the President of the U.S. to demonstrate the real interest of the President; to develop new and creative innovative approaches to the solution of psycho-social and architectural barriers; to coordinate implementation between the executive departments of laws and other legislative acts pertaining to the handicapped; to influence new congressional action(s)?

A. PRESIDENTIAL SPECIAL ADVISOR

The President should appoint a Special Advisor to the President for affairs of the handicapped, or designate a representative of the handicapped on the President's Domestic Council for the purpose of communicating directly with the President and various Cabinet members; ensuring inter-departmental cooperation and coordination; influencing the various departments in their legislative proposals, recommendations, and amendments and influencing their reactions to legislation; ensuring prompt, full and complete departmental implementation of Congressional actions.

B. CABINET MEMBERS' ASSISTANT

The President may instruct the various Cabinet members that they should have a handicapped person on their staff whose sole responsibility would be to ensure that all possible intradepartmental cooperations and coordinations are implemented in every department to the advantage of the handicapped; that the special psycho-social and/or architectural barriers so affecting handicapped do not occur.

SPC IV-16 SPECIAL CONCERNS—CIVIL RIGHTS OF THE HANDICAPPED

What can be done to insure that an individual's civil rights are not violated in contact with law enforcement agencies?

A. AVAILABLE LEGAL SERVICES

At state and local levels legal services for disabled should be available from persons knowledgeable of their needs.

B. LAW ENFORCEMENT OFFICERS TRAINING

At state and local levels law enforcement officers should be trained to:

1) handle mentally ill or retarded persons;
2) communicate with deaf and/or translators;
3) identify persons with physical or mental problems which may affect a person's actions;
4) update techniques.

C. COOPERATION

At state and local levels there should be greater cooperation between law enforcement personnel and service providers.

D. RIGHT OF PRIVACY FOR MAIL TO INSTITUTIONS

Handicapped persons in home care facilities should be allowed to open their own mail or choose a designate.

SPC IV-17 SPECIAL CONCERNS—CIVIL RIGHTS OF THE HANDICAPPED

How can the civil and criminal justice system be improved to deal with handicapped people?

A. MENTAL INSTITUTION RESIDENT REVIEW

State Department of Social and Health Services will conduct a quarterly review of handicapped persons committed to mental institutions.

B. TRAINING OF LAW ENFORCEMENT OFFICIALS

Training for police, judges and lawyers should include course on how to deal with and understand various handicapping conditions.

SPC IV-18 SPECIAL CONCERNS—CIVIL RIGHTS OF THE HANDICAPPED

How can discrepancies in benefits for similarly situated veteran and non-veteran handicapped individuals be removed?

A. VETERAN VERSUS NON-VETERAN HANDICAPPED

Discrepancies in benefits for veteran and non-veteran handicapped individuals should be removed by ensuring their comparability.

SPC IV-19 SPECIAL CONCERNS—CIVIL RIGHTS OF THE HANDICAPPED

How do we assure full enforcement of a handicapped citizen's right to serve on the jury and be protected as a criminal defendant?

A. JURY SERVICE

At Federal, state, local and private appropriate help should be provided so that the handicapped can sit on a jury (i.e., signers for the deaf, etc.) and no exclusion should be made just because the person is handicapped.

B. CRIMINAL DEFENDANT'S RIGHTS

In the area of a handicapped defendant's rights, appropriate help should be provided so that the handicapped defendant can understand the proceedings that he is involved in and a jury of the defendant's peers should be expected to include handicapped individuals.

SPC IV-20 SPECIAL CONCERNS—CIVIL RIGHTS OF THE HANDICAPPED

How can the rights of people of all ages, regardless of the nature or degree of disability, who are institutionalized, be protected?

A. VOTE

Ongoing and meaningful voter registration and education programs must be undertaken at all institutions, public or private, along with implementation of safeguards to assure that all who wish to vote, can do so without coercion or exclusion.

B. DUE PROCESS

Admission and retention procedures must be established which assure that all due process rights are provided and that the quality of care, treatment (re)habilitation, safety, comfort and welfare is fully assured.

C. ACCOUNTABILITY PROCEDURES

Permanent investigatory agencies with full power of subpoena, oath giving and compelling attendance should be established, for the purpose of holding institutions, their administrators and employees accountable.

D. RESIDENT/PATIENT ADVOCACY

Access to advocacy, grievance, and due process mechanisms must be fully provided for and assured.

E. MONITORING

Independent agencies should be established for the purposes of auditing, monitoring and accrediting the fiscal and programmatic efficacy of the institution.

F. PUBLIC AWARENESS

Handbooks on the rights of such individuals shall be developed, published and widely distributed to those who are institutionalized, their families, advocates, legal community, service providers and such significant others for whom such information would be useful.

SPC IV–21 SPECIAL CONCERNS—CIVIL RIGHTS OF THE HANDICAPPED

How can we help the deinstitutionalized citizen achieve his or her full rights?

A. AFFIRMATIVE ACTION

Emphasis should be given in affirmative action programs to protect the human, civil and constitutional rights of deinstitutionalized persons.

B. COUNSELING

Counseling should be provided to such individuals and their families concerning the problems of coping with themselves and society. Such counseling should focus on role identification, interpersonal contacts, social, emotional, and physical needs. Peer counseling should be encouraged.

SPC IV–22 SPECIAL CONCERNS—CIVIL RIGHTS OF THE HANDICAPPED

How can we ensure delivery of goods and services to those with disabilities?

A. HOME SHOPPING AND DELIVERY

Stores should put more emphasis on home shopping and delivery.

B. TELETYPEWRITER ORDERING SERVICE

A central telephone and teletypewriter ordering service should be established.

C. PERIODIC REVIEW OF NEEDS

Social service agencies should check on a periodic basis with the homebound to determine what services are needed.

SPC IV–23 SPECIAL CONCERNS—CIVIL RIGHTS OF THE HANDICAPPED

How can we ensure to the consumer with a disability sufficient control over those who fulfill his or her home care needs?

A. SELF DETERMINATION

The disabled person should choose those who are to provide primary home care services.

B. DIRECT FUNDING TO CONSUMER

Funds for such services should be dispensed through the individual with the disability.

SPC IV–24 SPECIAL CONCERNS—CIVIL RIGHTS OF THE HANDICAPPED

How can agencies serving individuals with disabilities provide for adequate representation of such individuals on and at their governing boards?

A. CLIENT FEEDBACK

Agencies which serve individuals with disabilities should have a client feedback procedure.

B. DISABLED POLICY INPUT AND REPRESENTATION SHORT TERM

Agencies which service individual clientele on a short-term basis should provide for adequate representation of individuals who are being served, or have previously been served, at their governing board meetings and on policy-making levels.

C. DISABLED POLICY INPUT AND REPRESENTATION LONG-TERM

Agencies which serve individual clientele on a long-term basis should provide for adequate representation of such clientele at their governing board meetings and on policy-making levels.

SPC V-1 SPECIAL CONCERNS—UNIQUE PROBLEMS OF HANDICAPPED MINORITIES

How can we assure services to handicapped Asian-Americans, Blacks, Native Americans, and those with Spanish ancestry that are responsive to their cultural differences?

A. AFFIRMATIVE ACTION IN HIRING

There should be affirmative action in hiring and placement of handicapped minorities to allow more handicapped minorities to become economically independent.

B. CULTURAL AWARENESS TRAINING FOR SERVICE PROVIDERS

The federal government should fund cultural awareness training programs which would be mandatory for all deliverers of services to the handicapped. This training should be conducted totally by minority handicapped individuals in the communities in which the minorities reside.

C. HANDICAPPED MINORITY PARTICIPATI[illegible] PLANNING AND ADVOCACY

Handicapped minority persons should be afforded the opportunity to participate in all planning processes and to advocate for themselves on a level proportionate to the total population.

D. ADVISORY BOARDS—LOCAL LEVEL

All service agencies at the local level should be required to have consumer advisory boards which include handicapped minority representatives.

E. OUTREACH PROGRAMS

Federal funding should be provided for outreach programs on all levels to insure that available services are known and provided to handicapped minorities.

G. INCREASE MINORITY PERSONNEL

There should be an increase in the number of minority personnel in agencies providing services to handicapped persons.

H. CULTURAL DIFFERENCES

Service providers should be made aware of the cultural differences of handicapped individuals who are non-white.

J. INFORMATION DISSEMINATION

Information should be distributed to minorities which would provide detailed descriptions of available services and where they may be obtained.

P. DIRECT FEDERAL FUNDING TO INDIAN TRIBES

The federal government should provide funding for Indian social service programs directly to the Indian Tribes rather than through the states.

U. TRAINING OF PARA-PROFESSIONALS

Para-professionals of ethnic and racial minorities should be trained to work with handicapped individuals and their families who are of the same ethnic background.

SPC V-2 SPECIAL CONCERNS—UNIQUE PROBLEMS OF HANDICAPPED MINORITIES

How can we incorporate cultural awareness training for the already existing training programs for providers of services to handicapped individuals?

A. CULTURAL AWARENESS TRAINING FOR SERVICE PROVIDERS

The federal government should fund cultural awareness training programs which would be mandatory for all deliverers of services to the handicapped. This training should be conducted totally by minority handicapped individuals in the communities in which the minorities reside.

B. TRAINING BY HANDICAPPED MINORITIES

Handicapped minority representatives should coordinate resources and provide training to agencies servicing the handicapped minorities.

C. CULTURAL EXCHANGE PROGRAM

A cultural exchange training program for local service providers should be established which would involve local families and minority member volunteers.

D. EDUCATIONAL INSTITUTIONS

Appropriate state and federal legislation should be enacted to provide funding to those educational institutions which incorporate cultural awareness training in their educational programs for providers of services to the handicapped.

E. REVISE CURRICULUM

Revise curriculum and practicum experience for service provider trainees to include cultural awareness training in the needs of handicapped minorities.

F. CULTURAL AWARENESS TRAINING IN FEDERAL PROGRAMS

Cultural awareness training should be provided in all federally-funded programs as a condition for grant approval.

G. VOCATIONAL REHABILITATION ACT—SECTION 503

Section 503 of the Vocational Rehabilitation Act should be enforced.

H. CULTURAL AWARENESS TRAINING—EDUCATIONAL PROCESS

Cultural awareness training should begin at the pre-school level and should be included in the entire educational process.

I. LEGAL RIGHTS OF HANDICAPPED MINORITIES

Handicapped minorities and providers of services should be made aware of the legal rights of handicapped individuals under all federal, state and local laws.

J. SEMINARS CONDUCTED TO INFORM HANDICAPPED INDIVIDUALS

The Federal Bureau of Education should conduct seminars to inform handicapped individuals of different cultural backgrounds of those services available to them.

L. CONSUMER ADVOCACY GROUPS TRAINING

Form consumer advocacy groups that would serve as a resource for training various public and private agencies in the cultural problems of handicapped individuals.

M. FEDERAL, STATE AND LOCAL FUNDING FOR CULTURAL AWARENESS TRAINING

Federal, state and local funding should be made available to providers of services for quality training for cultural awareness.

N. EXPAND EXISTING STAFFS

At the federal, state and local levels, expand the staffs of existing training programs to include qualified professional minorities.

R. CULTURAL-ORIENTED FILMS

Minority cultural-oriented films should be utilized in training providers of services to handicapped minorities. (Special Populations Seminar)

SPC V-3 SPECIAL CONCERNS—UNIQUE PROBLEMS OF HANDICAPPED MINORITIES

How can the negative attitudes of minorities and toward minorities be altered so that services to handicapped individuals of these special populations are more successful?

A. EXPOSURE OF SUCCESSFUL HANDICAPPED MINORITY INDIVIDUALS

Federal, county and city government agencies should make the public aware of the successes of those handicapped minority individuals who are succeeding in positions of responsibility such as administrators, auditors, accountants, attorneys, etc.

B. PUBLIC SCHOOL SYSTEM UTILIZED

The public school system should be utilized as a vehicle to disseminate information on a positive basis about the cultural differences of minority groups.

C. MEDIA CAMPAIGN

The state agencies for the handicapped should develop a major on-going media campaign targeted at the general population and focused on reducing misconceptions and negative attitudes towards the handicapped.

D. INCREASE NUMBERS OF COMPETENT MINORITY PERSONNEL

Agencies serving the minority handicapped should increase their employment of professional and technically competent minority personnel.

F. MINORITY INVOLVEMENT

Members of minority groups should be involved in the design, delivery and evaluation of services to minority handicapped individuals.

H. CIVIL RIGHTS COMMISSION

The U.S. Civil Rights Commission should develop affirmative action programs to bring about increased employment of qualified handicapped minorities.

I. MULTI-RACIAL COMMITTEE Service agencies should establish a multi-racial committee to help formulate policy.

SPC V–4 SPECIAL CONCERNS—UNIQUE PROBLEMS OF HANDICAPPED MINORITIES

What research mechanisms should be made available so that minority handicapped individuals can be identified and served?

A. MINORITY ORGANIZATIONS AND CHURCHES

Volunteers from local minority oriented organizations and churches should be encouraged to identify minority handicapped individuals in need of services.

B. STATEWIDE INFORMATION PROGRAM

A statewide information program should be established to inform the general public, and minority clubs, organizations and churches in particular, of services available to the minority handicapped.

C. DATA COLLECTION SYSTEMS

Data collection systems should be developed at the state and federal level which would not only indicate incidence rates of handicapping conditions among various minority groups but would also identify other available information affecting the minority handicapped.

D. SPECIALLY TRAINED MINORITY PERSONS

Specially trained minority persons should be utilized to identify by questionnaires, surveys and interviews persons with special needs.

E. CENSUS FORMS

Census forms should contain a request for information regarding the minority handicapped person.

F. LEGISLATIVE PROPOSAL

Legislation should be passed to enable each state to bring minority leaders and handicapped groups together for the two-fold purpose of: (a) developing a list of recommendations and guidelines to reduce the existing gap; and (b) determining why minority handicapped individuals are reluctant to accept services.

G. SURVEY BY HUD AND HEW

The Federal Departments of Health, Education and Welfare and Housing and Urban Development should conduct a complete survey of all rural and urban housing developments and health centers to identify minority handicapped individuals.

H. IDENTIFICATION OF HANDICAPPING INCIDENCES BY LOCAL UNIVERSITIES

Local universities should be utilized to identify incidences of handicaps among non-white individuals. (Special Populations Seminar)

J. SELF IDENTIFICATION

Handicapped non-whites who have no private or public agency connection should be able to identify themselves by contacting a hot-line clearinghouse whose telephone number has been made public. (Special Populations Seminar)

K. FEASIBILITY STUDIES

State and local governments should utilize feasibility studies to determine the need for services to handicapped non-white individuals within the community. (Special Populations Seminar)

L. CLEARINGHOUSE

A centralized information clearinghouse should be established for comprehensive rehabilitation services for handicapped non-white individuals. (Special Populations Seminar)

SPC V-5 SPECIAL CONCERNS—UNIQUE PROBLEMS OF HANDICAPPED MINORITIES

What can be done to eliminate communication and language barriers in public information programming that hinder the provision of successful services to handicapped minorities?

A. MULTILINGUAL STAFFING

Public and private service agencies should be staffed with multilingual individuals from various cultural backgrounds.

B. BILINGUAL RADIO AND TV PROGRAMS

The Federal Communications Commission should mandate the development of bilingual and captioned radio and television programs, as well as other forms of media, to disseminate information to handicapped minorities.

C. BILINGUAL WRITTEN INFORMATION

Bilingual written information and resource materials should be provided for handicapped individuals who do not speak English.

D. COMMUNITY REFERRAL SERVICES—MULTILINGUAL

Multilingual community referral services should be established to reach all non-English speaking handicapped individuals.

F. MULTILINGUAL TESTING OF CHILDREN

Multilingual testing should be available for all handicapped children in need of such service.

H. LEGAL DOCUMENT INTERPRETATION

Legal officers at the federal, state and local levels should assist the blind, deaf, non-English speaking, illiterate, or semi-literate by providing legal interpretation.

J. PROVIDERS OF SERVICES—GREATER KNOWLEDGE OF THE LANGUAGE

Service providers should improve their knowledge of the language of major minority groups, including sign language.

K. WORKSHOPS—MINORITY HISTORY

Workshops in cultural minority history should be established for providers of services to the minority handicapped.

M. RESOURCE BOOK

A comprehensive Resource Book or Manual should be developed for all handicapped individuals with a special emphasis on minimizing cultural and language barriers.

O. OFFICE OF HANDICAPPED INDIVIDUALS EXPANSION

The Federal Office of Handicapped Individuals should be expanded to ensure that any information regarding the handicapped is put into the language of all minority segments.

Q. FCC REPRESENTATION OF MINORITIES

Any action considered by the Federal Communication Commission which concerns the disabled should include representation of the special minority needs of the disabled.

SPC V-6 SPECIAL CONCERNS—UNIQUE PROBLEMS OF HANDICAPPED MINORITIES

What system can be established to insure an ongoing evaluation of services to minority handicapped?

A. PRIVATE "WATCHDOG" AGENCY

A private agency made up of handicapped persons should be established to evaluate services to handicapped non-whites.

B. TRIAL PROGRAMS

A needs identification study of services should be conducted and trial programs run to assess effectiveness in small groups before major programs are established.

C. MINORITY INVOLVEMENT

Provide for the inclusion of minority group members in the design of evaluation systems.

D. INTER-AGENCY STAFF

An independent inter-agency monitoring staff should be developed to evaluate the various services to handicapped minorities.

F. GOVERNOR'S COMMISSION

A special commission to monitor and assess services to the minority handicapped should be established in the Governor's office.

G. AN OMBUDSMAN

An ombudsman position should be created independent of all state agencies to work with social and rehabilitation agencies, monitor their activities, and help insure quality service delivery.

H. ADVISORY AND REVIEW COMMITTEES

Advisory and Review Committees should be established to regularly monitor and review the effectiveness of public programs.

J. REHABILITATION AGENCIES EVALUATED BY CONSUMER GROUPS

Consumer groups should be used to evaluate contract services used by State Rehabilitation agencies. (Special Populations Seminar)

K. EVALUATION OF OUTREACH SERVICES

The federal government should expand already existing outreach services on a regularly scheduled basis. (Special Populations Seminar)

SPC VI-1 SPECIAL CONCERNS—UNIQUE PROBLEMS OF DISABLED VETERANS

What methods can be established within the Veterans Administration to insure ongoing evaluation of services?

A. VA REVIEW COMMISSION

The law should establish a special commission composed of handicapped veterans and representatives of the major veterans organizations to review services offered and to make recommendations for improvement of these services.

B. VETERANS EMPLOYMENT/HEALTH

The Veterans Administration should administer questionnaires to veterans one year after discharge to ascertain employment and health status. A follow-up study should be conducted one year later.

C. PSYCHOSOCIAL NEEDS

The Veterans Administration should extend indefinitely existing periods of follow-up services to assure the eradication of unforeseen psychosocial problems. The VA should also provide additional assistance for social programs to ease the re-entry of the Vietnam veteran into "normal" society.

D. VETERANS BENEFITS

The VA should analyze the benefits it administers, and eliminate discrimination between officers and enlisted men.

E. OUTSIDE STUDIES

The Law should allocate funds to conduct independent studies and surveys of the VA by private organizations, and make all findings available to the general public.

F. CONGRESSIONAL REVIEW

The Veterans Affairs Committees in Congress should review the quality and range of services provided handicapped veterans by the VA.

SPC VI–2 SPECIAL CONCERNS—UNIQUE PROBLEMS OF DISABLED VETERANS

What measures must be taken to insure that proximity, need and quality of medical services for veterans match those of the private sector?

A. OUTPATIENT SERVICES

The VA should increase and expand outpatient services by establishing more satellite clinics, utilizing traveling vans, and extending mental health programs.

B. PHYSICIAN SALARIES/INCENTIVES

The VA should allocate funds to upgrade standards for professional personnel, increase physicians' salaries and improve fringe benefits and other incentives.

C. FEE BASIS PROGRAMS

Additional funds should be allocated to extend "Fee Basis" programs to non-service connected (NSC) veterans, and improve procedures for reimbursement.

D. VA HOSPITAL STAFF

The VA should allocate funds to increase manpower in VA hospitals, especially for such services as annual physicals, dental examinations, and follow-up care.

E. COMPREHENSIVE SERVICES

Medical service should be expanded to include dental services, related social services, outpatient services to NSC and preventive medical care.

F. NURSING CARE

The VA should eliminate income restrictions on nursing home care for veterans, and establish minimal health care facilities.

G. MEDICAL STAFF TRAINING

VA medical staffs should have access to training opportunities. Leaves of absence and sabbatical leaves for the purpose of advancing or updating training should be encouraged, if not mandated.

H. THIRD PARTY PAYMENTS

Veterans should receive coverage under National Health Insurance programs and the VA should be made eligible for third party payments.

I. COMMUNITY-BASED SERVICES

The VA should increase veteran accessibility to community-based services by such means as the issuance of ID cards authorizing the use of community health and welfare services or by establishing VA programs in association with local clinics.

K. EMERGENCY MEDICAL SERVICES

The VA should issue identification cards to eligible veterans which would automatically authorize fee basis emergency medical and/or hospital care, including medications.

L. APPOINTMENTS SCHEDULING

The VA should improve its scheduling of appointments.

N. MEDICAL SCHOOL AFFILIATIONS

The VA should continue to support medical school affiliations in an effort to maintain the highest standards of quality medical care.

Q. RECRUIT HEALTH CARE PROFESSIONALS

The VA should fund a program to recruit physicians and other health care personnel who are trained in treating handicapped individuals.

S. AD HOC ADVISORY COMMITTEES

Ad hoc committees composed of professionals, veterans organizations service officers, consultants and veteran consumers should be formed at each VA Health Care facility to review problems and suggest appropriate changes.

U. VA SELF-EVALUATION

The VA should develop a program of continual self-evaluation; specific studies as well as Congressional investigations should be conducted to compare services of the VA with those of the private sector and recommendations should be made accordingly.

SPC VI-3 SPECIAL CONCERNS—UNIQUE PROBLEMS OF DISABLED VETERANS

How can job placement of disabled veterans be improved and integrated into existing job placement systems?

A. ASSURE EEO

The equal opportunity laws (e.g., the affirmative action provisions of the Rehabilitation Act) should be enforced at the federal and state levels by such means as withholding funds from agencies which discriminate against the handicapped, requiring firms to hire a specific percentage of handicapped individuals, or by establishing specific goals and timetables for implementation of EEO programs.

B. CASE CLOSURE

The VA should monitor and upgrade its efforts to train and place disabled veterans by such means as (a) eliminating time limitations for education and training; (b) discouraging "case closure" until job placement is accomplished; (c) mandating counseling of all disabled at discharge; (d) extending training in semi-skilled, skilled and technical areas.

C. EMPLOYMENT AGENCIES

Cooperation between the VA and various public and private employment agencies should be encouraged by establishing official liaison efforts; sharing job opportunities, applications and physical space for offices; developing job banks; organizing a clearinghouse to provide information on available resources, etc.

D. AWARENESS CAMPAIGNS

The VA should develop public relations campaigns to increase awareness of the special problems of the handicapped in finding employment; factual information should be provided on the advantages of hiring the handicapped veteran, particularly to train as company executives.

E. EMPLOYMENT PREFERENCE

Legislative action should be taken at the federal and state levels to strengthen employment preference provisions for the disabled veteran.

F. STATE OUTREACH

Additional funding should be provided to state employment agencies to expand their outreach efforts, including the appointment of an "Ombudsman" or liaison person to contact employers on behalf of the handicapped.

I. MILITARY EXPERIENCE

The VA should develop a mutually acceptable system with the Department of Defense to convert military training and education to civilian equivalents. Work credit should be given for military experience in civilian related jobs, or the military should consider retaining disabled veterans in military support positions.

O. COMMUNITY RECREATION

Opportunities should be provided to allow the handicapped to participate in "normal" social and recreational activities in the community to increase their access to the "normal" world of employment.

Q. SEMINARS ON EMPLOYMENT SKILLS

The VA should place an Employment Specialist in every regional office to deal exclusively with employment development for severely disabled veterans. This employment specialist should be required to conduct seminars on employment skills that include job interviews, resume writing, etc.

R. CONTRACT WITH PRIVATE SECTOR

The VA should explore the possibilities of contracting with the private sector to develop jobs and place severely disabled veterans.

T. MONTHLY REPORTS ON COOPERATION

All VA counseling and rehabilitation sections should be required to coordinate their employment efforts with existing state and federal agencies; monthly reports must be submitted to the Administrator of the VA, documenting progress and outlining recommendations for future efforts.

U. REHABILITATION AGENCIES

Legislation should be enacted to permit veterans to utilize the services of other rehabilitation agencies.

V. PRIVATE SECTOR JOBS

Job commitments should be obtained from private employers, who should be encouraged to assign persons to follow through and assist newly disabled employees.

SPC VI-4 SPECIAL CONCERNS—UNIQUE PROBLEMS OF DISABLED VETERANS

What methods can be established within the Veterans Administration to insure ongoing evaluation of services?

A. INCOME RESTRICTIONS

The Congress should eliminate or reduce income restrictions on NSC pensions by (1) establishing a sliding scale for employed disabled veterans with a floor above the combined VA and SSI income or (2) setting a year's time period following employment before reducing pensions or (3) separating eligibility from earning power and (4) separating entitlement to medical care, supplies, and equipment from receipt of pension.

B. AFFIRMATIVE ACTION

The Federal government should insure that all government agencies, especially the Civil Service Commission, the Department of Labor, and the Veterans Administration, enforce the affirmative action provisions and programs of the Rehabilitation Act of 1973 and the Vietnam Era Veterans Readjustment Assistance Act of 1974.

C. COORDINATION

The Veterans Administration should take the initiative to coordinate activities of the State Departments of Vocational Rehabilitation, the Employment offices and the Department of Defense by establishing a council to provide information to veterans on benefits, instituting a job development program, and developing a plan of referral for when veterans benefits cease.

D. JOB SURVEYS

The VA should conduct surveys of all disabled veterans to identify their ability categories, assess employment needs of industry, and direct training efforts to potential job markets.

E. EQUAL OPPORTUNITY

The VA should insure equal opportunity for disabled veterans by improving accessibility, removing architectural barriers, and influencing the automobile insurance industry to refrain from discriminating against handicapped.

G. LARGER DEDUCTIONS

The Congress should allow larger deductions for disabled veterans.

H. TRAVEL EXPENSE DEDUCTIONS

Legislation should be enacted to permit disabled veterans to deduct travel expenditures getting to and from work.

J. VOCATIONAL COUNSELING

The VA should provide additional personnel for vocational counseling services.

SPC VI–5 SPECIAL CONCERNS—UNIQUE PROBLEMS OF DISABLED VETERANS

How can the Veterans Administration insure that disabled veterans are aware of all services and benefits?

A. VA BENEFITS AWARENESS

The VA should provide coverage of VA rights and benefits at the local level by such means as (1) conducting meetings in all communities; (2) regularly updating information to regional public affairs officers; (3) stressing role of service officers and/or expanding public awareness campaigns and public relations budget.

B. BENEFITS FACT SHEETS

The VA should publish and distribute widely and without charge booklets, fact sheets and newsletters on veterans benefits.

C. VETERANS SERVICE OFFICERS

The VA should provide VA funding or support state funding to hire veterans service officers to inform veterans of rights and benefits.

D. VA ACCOUNTABILITY

The VA should be held accountable for insuring all veterans are informed of their rights and benefits through such means as ombudsman programs, providing attorney advocates, employing representative personnel, permitting local staff greater authority, and appointing a coordinator to implement veterans programs at the state level.

E. COOPERATION WITH MILITARY

The VA should assign staff to military installations and hospitals to orient military personnel to veterans benefits at induction and more extensively at discharge utilizing fact sheets and other methods.

F. COUNSELING IN HOSPITAL AT DISCHARGE

The VA should require counselors to visit disabled veterans in military hospitals and installations or immediately following discharge.

G. HOT LINES

The VA should establish or coordinate statewide hot lines for veterans and handicapped such as Alaska's Zenith number.

H. SURVEY DISABLED VETERANS

The VA should periodically review and categorize all disabled veterans with regard to their employability.

J. MULTILINGUAL PUBLICATIONS

All communications and publications regarding veteran benefits should be multilingual and also available in braille.

SPC VI–6 SPECIAL CONCERNS—UNIQUE PROBLEMS OF DISABLED VETERANS

What measures are necessary to insure comprehensive counseling services for disabled veterans?

A. COUNSELING AND REFERRAL

The VA should coordinate and standardize all counseling services at the federal and state levels, outlining geographic and other differences between programs, and should establish and publish proceedings for referral of disabled veterans to the appropriate community agencies, including provisions for contracting with private agencies.

B. MANDATORY COUNSELING

The VA should mandate that all disabled veterans receive extended counseling, including examination by board certified psychiatrists, and counseling should extend to follow-up services and to families.

C. VOCATIONAL COUNSELING STAFF

The VA should inform Congress of the shortage of vocational counselors and request increased funding to make more counselors and counseling services available.

D. OUTREACH PROGRAM

The VA should expand its outreach program to provide education, counseling, and training services to disabled veterans in remote areas and increase accessibility and equality of counseling services.

E. HANDICAPPED OMBUDSMEN

The VA should train and appoint handicapped veterans to serve as ombudsmen to investigate and coordinate services to disabled veterans.

F. COUNSELING AVAILABILITY

The VA, assisted by the Small Business Administration, should establish state and regional information centers to assess the availability of and need for counseling services.

G. REHABILITATING SEVERELY DISABLED

The VA should develop guidelines for rehabilitating severely disabled, extending standards of eligibility for this group, allocating funds for rehabilitating special severely disabled groups and instituting on-the-job training programs.

SPC VI–7 SPECIAL CONCERNS—UNIQUE PROBLEMS OF DISABLED VETERANS

How can coordination of all federal and state services to disabled veterans be established?

A. SERVICES COORDINATION

The VA should upgrade the quality and skills of its rehabilitation counselors and should improve its cooperation with state and community vocational agencies by publishing a comprehensive directory of all services available to disabled veterans identifying gaps and overlaps.

B. MAINTAIN DUAL ELIGIBILITY

The Congress should refrain from incorporating veterans programs under HEW, but should permit veterans to take advantage of non-VA state medical and vocational rehabilitation programs.

D. FEDERAL PROGRAMS COORDINATION

The federal government should consolidate all vocational rehabilitation programs and mandate both the VA and HEW to coordinate their activities with other federal agencies.

E. FUND CONSUMER AGENCIES

The VA should develop an advisory council of disabled veterans and fund special disabled veterans organizations, such as those for blind and paraplegics, to coordinate all government services to the handicapped.

F. EMPLOY REPRESENTATIVE PERSONNEL

The VA should employ representative personnel including handicapped and minority group members and upgrade their status and authority.

G. INTERAGENCY COOPERATION

The federal government should survey existing practices and procedures for cooperation between agencies serving the handicapped and implement remedial action including upgrading non-veteran legislation to equalize benefits.

H. EXPAND VA SERVICES

The VA should expand and improve services to disabled veterans by making programs more innovative and flexible, and extending education benefits to wives and children of disabled.

I. STATE VOCATIONAL REHABILITATION AGENCIES

The Congress should authorize the VA to contract with and reimburse state vocational rehabilitation agencies for counseling, education, training, and placement of disabled veterans.

SPC VI–8 SPECIAL CONCERNS—UNIQUE PROBLEMS OF DISABLED VETERANS

What measures are required to improve the image of disabled veterans?

A. MULTI-MEDIA PRESENTATIONS

The VA should cooperate with other agencies serving the handicapped to develop a public and employer education program concerning the advantages of employing handicapped personnel.

B. VETERANS PARTICIPATION

The VA should encourage disabled veterans to participate in community activities including sports.

C. VETERANS EDUCATION/JOB TRAINING

The VA should emphasize concurrent education and on-the-job training to increase effectiveness of disabled veterans.

D. AWARENESS OF DISABLED NEEDS/CAPABILITIES

The VA should create a special position or hold seminars to acquaint employers and non-handicapped employees of needs and capabilities of disabled veterans.

E. IMPROVED SELF-ESTEEM

The VA should establish seminars for disabled veterans to improve their self-esteem.

F. CHANGE TERMINOLOGY

The media should change its emphasis by using the terminology "veterans who are disabled" rather than "disabled veterans."

G. VETERANS CAPABILITIES

Multi-media presentations should emphasize the capabilities of the disabled veteran.

H. AFFIRMATIVE ACTION

The VA should enforce federal affirmative action programs including those relating to the right to architectual barriers.

I. ELIGIBILITY FOR COMMUNITY PROGRAMS

Disabled veterans should be assured eligibility for all community programs for the handicapped.

SPC VI-9 SPECIAL CONCERNS—UNIQUE PROBLEMS OF DISABLED VETERANS

How can the Veterans Administration improve coordination of research with other public and private endeavors?

A. RESEARCH FUNDING

The VA should broaden citizen participation in research funding and allocations by utilizing local and regional committees; and should exchange information with medical school research departments and private research laboratories.

B. RESEARCH FUNDS CONTROL

The VA should retain control of the allocation of research funds and projects to medical schools, universities, and private institutions.

C. RESEARCH REDUCTION

The VA should significantly reduce its research program which can be carried out by other public and private organizations and should redirect former research funds to insure high quality medical and related care.

SPC VI-10 SPECIAL CONCERNS—UNIQUE PROBLEMS OF DISABLED VETERANS

How can existing legislation related to employment of disabled veterans be disseminated and implemented?

A. PUBLIC INFORMATION

The VA should utilize news media to interpret existing legislation, regarding disabled veterans and handicapped, to general public and prospective employers, and should present the rights of disabled veterans through workshops or other means.

B. AFFIRMATIVE ACTION

The VA should enforce compliance with federal affirmative action legislation by maintaining records on and supervising activities of both VA and state vocational counselors, offering incentives to employers who hire handicapped, requiring government agencies to set a good example and following up on employment records regarding handicapped.

C. JOB TRAINING/PLACEMENT

The Congress should extend the responsibility of the VA beyond vocational counseling and training to include job placement; and should fund more on-the-job training programs which are mutually beneficial to veteran and employer.

D. STATE DVR COUNSELORS

The VA should establish an orientation program to inform all Division of Vocational Rehabilitation counselors of veterans benefits for service connected and non-service connected disabilities.

SPC VI-11 SPECIAL CONCERNS—UNIQUE PROBLEMS OF DISABLED VETERANS

What steps can be taken to retain disabled uniformed military personnel, where feasible, in military service rather than referring such individuals to the Veterans Administration and returning them to civilian life?

A. MODIFY MILITARY REGULATIONS

The Department of Defense should review medical standards for military assignments, place disabled military personnel in non-combatant jobs, extend programs for rehabilitating alcoholics to other disabled groups, institute a program of retraining and reassigning handicapped personnel, give disabled servicemen the option of discharge or retraining and reassignment to limited duty jobs, and consider transferring of military jobs to civil service.

B. RETRAINING BY MILITARY

The Congress should develop an experimental program utilizing special or VA funds to encourage the military to train and reassign personnel who become handicapped while on active duty.

C. RETRAINING BY MILITARY

The federal government should require military to utilize induction education and training centers to assess and retrain military personnel who are handicapped.

D. AFFIRMATIVE ACTION

The federal government should require the Department of Defense to comply with affirmative action provisions of the Rehabilitation Act of 1973.

F. PUBLIC AWARENESS

The state governments should make the general public aware of the special problems handicapped military personnel experience in retaining their jobs.

G. COMMISSIONS ON HANDICAPPED

Each state should establish a Commission on the Handicapped.

SPC VI-12 SPECIAL CONCERNS—UNIQUE PROBLEMS OF DISABLED VETERANS

What measures are necessary to improve non-service connected veterans' health care and pension benefits?

A. NON-SERVICE CONNECTED PENSIONS

The Congress should amend federal legislation to insure that increases in one benefit do not reduce the amount of other benefits and should extend all non-service connected benefits to include medical care, drugs, and CHAMPVA for wives and dependents.

B. CHRONIC ILLNESSES

The Congress should change provisions in legislation for non-service connected veterans benefits which require that health services be discontinued when the medical condition stabilizes.

SPC VII-1 SPECIAL CONCERNS—UNIQUE PROBLEMS OF THE HANDICAPPED AGING

What action can be taken to allow handicapped aged individuals to remain actively employed, if they so desire, without a means test within the Social Security System?

A. FEDERAL LEGISLATION

The Congress should enact employment legislation which allows persons, regardless of age, to remain actively employed, without a means test.

B. TAX INCENTIVES/EMPLOYERS AND VOLUNTEERS

Federal and state governments should provide tax incentives to employers and volunteers who make special accommodations to the physical needs of handicapped aged individuals.

C. REMOVE EMPLOYMENT BARRIERS

Government agencies should remove employment barriers against the handicapped-aged, providing the same job considerations and opportunities given to persons under other Federal and State Programs.

D. MANDATORY RETIREMENT LAWS

State and federal mandatory retirement laws should be changed and replaced with choice-to-work laws.

E. EMPLOY HANDICAPPED AGED

The Federal government should increase the number of employed handicapped aged under Title IX of the Older Americans Act of 1965, and the Comprehensive Employment and Training Act, 1973.

H. AMEND TITLE XX

The Federal government should eliminate earned income limitations on Title XX benefits to persons between the ages of 65 and 72.

SPC VII-2 SPECIAL CONCERNS—UNIQUE PROBLEMS OF THE HANDICAPPED AGING

Given that employment for the aged is provided for under Title IX of the Older Americans Act and the Comprehensive Employment and Training Act, how can we assure that direct appropriations are set aside specifically for the handicapped aged under these acts?

A. ACCESSIBILITY

All programs funded through the Older Americans Act must be located in physically accessible buildings and sites to accommodate the handicapped aged.

B. FISCAL CONTROL

The federal government should designate a commission to supervise and provide fiscal control over employment and training funds to assure that these are used as designated.

C. FUNDING LEGISLATION

Legislation involving the handicapped aged should be structured in such a way that appropriations are line item budgeted to provide specific funding.

D. DOCUMENT EFFORTS

All programs funded through the Older Americans Act must document their efforts of outreach to identify aged handicapped persons as participants in their services.

E. DIRECT APPROPRIATIONS

The federal government should establish direct budgeted appropriations for the handicapped aged.

G. EMPLOYMENT

Federal and state governments should appropriate funds to ensure additional employment for the handicapped aged in such mandated employment programs as the Green Thumb Program.

H. OLDER AMERICANS ACT

The Older Americans Act should fund the development and implementation of the following priority services: (1) adult day care centers and facilities which provide an alternative to institutionalization by offering supportive, protective, and rehabilitative services to aged handicapped persons; (2) preventive health services that promote the early identification and treatment of disabilities; (3) protective services which include legal and consumer advocacy for aged handicapped.

SPC VII-3 SPECIAL CONCERNS—UNIQUE PROBLEMS OF THE HANDICAPPED AGING

What kind of a special income maintenance could be provided for those individuals who are both aged and handicapped?

A. MEDICARE AND MEDICAID EXPANSION

Medicare and Medicaid should expand their benefits to include prosthesis, eye glasses, hearing aids, dentures, medication, attendant care and outpatient services.

B. SSI EXPANSION

The Supplemental Security Income program should be expanded to provide additional special income maintenance for the handicapped aged, with additional exclusions to those already in the program such as attendant care.

C. GUARANTEED INCOME

The federal government should establish a guaranteed income level for the handicapped aged so that their special needs may be met without stripping them of money, medicine and other supportive services.

D. NATIONAL HEALTH PROGRAM

The federal government should establish a National Comprehensive Health Program for handicapped citizens of all ages that allows special payments for special needs.

G. FOOD STAMPS

The Federal government should make food stamps available to all aged handicapped persons.

H. PAYMENTS TO HANDICAPPED AGED

Payments to the handicapped aged should be based on the handicapping conditions and special needs resulting from these conditions and be based on a research study done to evaluate these needs. The federal government should conduct research on the handicapping conditions of the handicapped aged, for the purpose of evaluating their special needs and constructing a direct payment program based on the special needs of their condition.

I. EXPAND SOCIAL SECURITY BENEFITS

The Federal government should extend Social Security benefits to all handicapped aged, whether they have contributed to the system or not.

K. HIGHER INCOME FOR HANDICAPPED AGED

The Social Security Administration should ensure that individuals who are both aged and handicapped receive a higher income.

L. PUBLIC UTILITY RATES

Public utility companies should provide decreased service rates to handicapped aged individuals.

M. PROPERTY TAX

State governments should abolish property taxes for the aged handicapped.

SPC VII-4 SPECIAL CONCERNS—UNIQUE PROBLEMS OF THE HANDICAPPED AGING

How do we assure that the special needs of aged handicapped individuals are provided for under the present housing acts?

A. HOUSING FOR THE AGED HANDICAPPED

The federal government should provide federally funded housing for the aged handicapped with built-in special equipment to aid mobility, i.e., wheelchair ramps, hand railings, visual aids, etc.

B. RENOVATION OF HOMES

The Housing Act should be expanded to provide low interest loans to the aged handicapped to renovate homes to make them accessible.

C. HALF-WAY HOUSES

Present housing acts should provide half-way houses for aged handicapped who do not need to be institutionalized.

D. LOW-COST HOUSING

The Housing Act should be amended to provide specially designed low cost housing for the aged handicapped.

G. UPGRADING OF CARE FACILITIES

Care facilities should be constantly upgraded so that special needs of handicapped aged are met by expanding caretaker services and providing closer supervision and inspection of facilities.

H. COMMUNITY RESIDENTIAL PROGRAMS

Federal and state governments should support community residential programs.

I. SPECIAL LEGISLATION

The Federal government should enact and strictly enforce legislation assuring that the aged handicapped are completely covered under the Housing Act.

K. HOME CARE

The "home care" concept of service delivery should be expanded to assist disabled persons to remain in their own homes and avoid institutionalization.

M. ORGANIZED DAY PROGRAMS

Organized day programs should be provided for those handicapped individuals not in retirement homes or care facilities.

SPC VII-5 SPECIAL CONCERNS—UNIQUE

How can differential appropriations necessitated by such special needs as housing, transportation and training be

PROBLEMS OF THE HANDICAPPED AGING

supported and provided for by Federal, State and local government?

A. VOCATIONAL REHABILITATION

The functions of the vocational rehabilitation agencies should be amended by federal and state directives to meet the needs of the handicapped aged.

B. OMBUDSMAN PROGRAM

The State Department of Aging should appoint an ombudsman to promote the interests of the aged handicapped.

C. PROTECTIVE SERVICES

Federal, state and local governments should provide protective services and personal escort services for the aged handicapped.

D. MATCHING FEDERAL AND STATE FUNDS

The federal government should appropriate funds to match state dollars through a National Institute for Handicapping Conditions.

E. GRANTS

Grants to cities and rural areas from the Department of Transportation should be utilized for the development of special transportation programs for the aged handicapped.

G. SPECIAL NEEDS SUPPORT

Revenue sharing and amendments to current Federal and State legislation should be utilized to support such special needs as housing, transportation and training.

H. MEDICARE

Medicare should be amended to provide preventive health care provisions, especially for the aged handicapped.

SPC VII–6 SPECIAL CONCERNS—UNIQUE PROBLEMS OF THE HANDICAPPED AGING

How can we guarantee that special legal services be provided for all aged persons who are mentally handicapped?

A. VISTA ATTORNEYS

The already existing Vista Attorney's Program should be expanded and publicized nationally in order to more adequately assist aged mentally handicapped persons.

B. VOLUNTEER SERVICES

Retired judges should be asked to provide volunteer legal services to the aged mentally handicapped.

C. LEGAL AID

Legislation, modeled after PL 94–103, should be passed to provide legal aid to all handicapped individuals and provide funding to implement the proper usage of the law for the mentally handicapped.

D. LEGAL SERVICES AGENCIES

Existing agencies with legal services components should be encouraged to deal with the problems of aged mentally handicapped individuals.

E. FUNDS FOR AGED

Congress should initiate legislation to ensure that a percentage of Title XX (Social Security) funds be expended on services for the aged handicapped.

F. FUNDS FOR PUERTO RICO

Additional funds should be allocated to Legal Services of Puerto Rico so that services of this agency could be extended to the handicapped aged and the mentally handicapped throughout the island.

G. PUBLIC GUARDIAN

A public guardian law that adequately protects the rights of the handicapped aged should be enacted.

SPC VII-7 SPECIAL CONCERNS—UNIQUE PROBLEMS OF THE HANDICAPPED AGING

How can we assure that training programs for providers of services be redesigned to include specialization in the problems of the handicapped elderly?

A. INCENTIVE GRANTS

Incentive grants should be made available to training institutions to encourage the development of training programs for the handicapped aged.

B. CURRICULAR MODIFICATION

The state and federal governments should promote curricular modifications at colleges and universities which include courses on the handicapped aging.

C. AGED AS RESOURCE PERSONS

The handicapped aged should be used as consultants, resource persons, and/or instructors in the training programs.

D. SPECIAL TRAINING

Formal education and training of health care personnel and social service personnel must include course material dealing with both aging and disability and stress the importance of rehabilitation services.

E. RESEARCH STUDY

Training programs should be redesigned based on a study analyzing the problems of the handicapped aged

F. FEDERAL LEGISLATION

Federal legislation should ensure that licensing for providers of services for the handicapped aged would be dependent upon the inclusion of training programs specializing in the problems of the handicapped aged.

G. DATA ON AGED

Evaluation and investigation models should be created to maintain up-to-date data regarding the handicapped aged for training programs.

H. TRAIN SERVICE PROVIDERS

Providers of services should be trained to work with all areas of disability since the aged have a multiplicity of handicaps.

I. TRAIN FAMILIES

Families of aged handicapped individuals should be trained to assist the aged handicapped to use treatment facilities.

SPC VII–8 SPECIAL CONCERNS—UNIQUE PROBLEMS OF THE HANDICAPPED AGING

In what ways can we make the public aware that there are special needs of the handicapped aged that are different from those aged individuals who are able-bodied?

A. T.V. AND MEDIA

Television and other media should be utilized to familiarize the public with the special needs of the handicapped aged and illustrate the potential for helping them.

B. CLEARINGHOUSE

An information and dissemination service should be available through local, state, and federal agencies.

C. EDUCATION OF PUBLIC

The public should be educated about the special needs of the handicapped aged as early as the primary, middle, secondary school levels.

M. LOBBYING

Advocacy groups should lobby with state and national legislators on the special needs of the handicapped aged.

O. ELDERLY INVOLVEMENT

The handicapped aged should be involved in the planning stages and advisory committees of programs to meet their needs.

Q. NATIONAL ADVERTISING COUNCIL

The National Advertising Council should be asked to work with a program for handicapped aged.

R. OUTREACH PROGRAMS

The handicapped aged should be included in outreach programs.

T. TRAINING PROGRAMS

Training programs focusing on the problems of the handicapped aged should be provided for police and fire departments, nursing homes, and emergency rooms.

SPC VII–9 SPECIAL CONCERNS—UNIQUE PROBLEMS OF THE HANDICAPPED AGING

What systems can be established to insure an ongoing evaluation of services to aged individuals who are handicapped?

A. PLANNING AND DELIVERY OF SERVICES

Handicapped aging persons should be involved as consumers in the planning and delivery of services.

B. EVALUATION OF SERVICES

The Health Systems Agency should ensure ongoing evaluation of services.

C. EXPAND EXISTING SYSTEMS

The same method used to evaluate the able-bodied aging should be equipped to serve the handicapped aging.

D. IDENTIFY APPROPRIATIONS

The Older Americans Act should be monitored so that appropriations for the elderly handicapped are specifically identified.

E. LICENSE INSTITUTIONS

Institutions for the care of the handicapped aged must be licensed and supervised by the government.

G. RESEARCH GRANTS

The Older Americans Act should award research grants to examine the disability incidents of the handicapped aged.

H. EVALUATION COMPONENT

All programs serving the handicapped aged should have a built-in evaluation component.

RESOLUTIONS APPROVED BY MAIL BALLOT

BY DELEGATES TO THE WHITE HOUSE CONFERENCE ON HANDICAPPED INDIVIDUALS

HEALTH CONCERNS

TREATMENT, TECHNOLOGY, RESEARCH

WHEREAS the areas of concern in Workshop II are essential to facilitate the provision of appropriate health care treatment of handicapped persons, WHEREAS the issues and recommendations as listed in the Workbook are overlapping, nebulous; and fail to provide for a prioritization of needs, WHEREAS the delegated responsibility of the WHC is to present the true concerns of handicapped persons, and to make recommendations which when implemented would meet these concerns, THEREFORE we submit the following recommendations.

1) Catastrophic Health Insurance shall be implemented to meet the overbearing burden of treatment and equipment cost to the handicapped consumer.

2) The Federal government shall provide funds for the establishment of multidisciplinary, comprehensive state/regional treatment centers for handicappers. These centers shall include provision for outreach services to rural areas through mobile van treatment units and satellite centers for information and referral purposes.

3) Independent living centers and home health care services provide an opportunity for handicappers to live in an atmosphere of dignity and serves to promote a maximal level of independence. Services available in both of these areas shall be expanded.

4) It is recommended that health care providers be mandated to participate in training and educational programs dealing with the special needs of handicapped consumers. Requirements shall be made that medical and allied health professional training programs provide for specific and comprehensive teaching in the treatment of persons with handicapping conditions. Health care providers currently practicing will be required to meet these criteria in order to qualify for licensing and/or relicensing.

5) Comprehensive handicapped consumer participation in health care delivery services cannot be over-emphasized. Consumers must serve on administration, quality control boards, and in program development in all health care delivery systems, and in education and staff development programs for professional training.

6) A centralized information storage and retrieval system shall be established for dissemination of research and technological findings.

7) Medical treatment, research and training centers shall be fully funded.

NATIONAL HEALTH INSURANCE

WHEREAS, the nation is considering implementation of some form of national health insurance, and

WHEREAS, almost all third party payment mechanisms have failed to meet the needs of those with special problems.

THEREFORE, be it resolved that any program of national health insurance provide, not only the traditional services, but, provide as well, a full range of proven and accepted preventive health services.

IN ADDITION, a full range of multidisciplinary services must be provided for those population groups with special problems and needs including, but not limited to, persons with handicaps, their parents, families and children.

NATIONAL HEALTH PLANNING

WHEREAS Congress is considering modifications of P.L.93-641, the Health Planning and Development Act of 1974, and

WHEREAS the issue of prevention was subordinated to the issue of cost containment, and

WHEREAS the greatest mechanism for cost containment lies in prevention of disease and disability;

THEREFORE be it resolved that amendments to P.L.93-641 strengthen prevention in states and local health plans by requiring such plans to specifically address prevention in order to secure federal funding for state and local health programs.

HEALTH PLANNING AND THE HANDICAPPED

WHEREAS, the National Health Planning and Resources Development Act of 1974 (P.L.93-641) mandates that over 200 regional health systems agencies throughout the nation, develop health systems plans which shall state the goals describing a healthful environment and health and mental health systems for the region; as well as an Annual Implementation Plan, to assure that quality health and mental health services will be available and accessible in a manner which assures continuity and comprehensiveness of care at a reasonable cost for all residents in the region; and that these plans are critical to meet the needs and problems of persons with handicapped conditions;

Be it RESOLVED that all regional Health Systems Agencies be required to incorporate into their Health Systems plans and annual implementation plans, the principles, goals, recommendations and plans approved by the 1977 White House Conference on Handicapped Individuals; and further that the governing board of each Health Systems Agency have at least one person with a handicapping condition.

PREVENTION OF HANDICAPPING CONDITIONS

There shall be funded, developed and implemented a comprehensive program on prevention of Handicapping Conditions. This program shall include but not be limited to such areas as:

1) Genetic counseling and testing
2) Prenatal, perinatal, and postnatal care
3) Control of environmental hazards
4) Follow-up services
5) Hidden handicaps
6) Any or all other physical or mental handicapping conditions not so specified in this document

EARLY IDENTIFICATION & DIAGNOSTIC SERVICES

It is recommended that a sufficiently federally funded program be mandated to insure the availability of early identification and comprehensive diagnostic services to include all conditions which may be handicapping, at whatever age it may occur, and regardless of income, through regional centers within each state, that would provide mobile vans, public transportation, national clearing house information, qualified interpretive services and other outreach services.

RESEARCH FUNDING

WHEREAS the delegates participating in the Health II Workshop of the first White House Conference on Handicapped Individuals have in their deliberations identified the need for an intensified research effort in the areas of prevention and rehabilitation, as well as into the causes of handicapping conditions, BE IT RESOLVED THAT it is the sense of this Conference that the aforementioned subjects be given a very high funding priority by the government of the United States of America.

HIDDEN HANDICAPS

The Screening Programs for early childhood detection of handicaps should include:

1) Food allergies or food intolerances
2) Vitamin deficiencies
3) Chemical imbalance

These problems can cause such handicaps as learning disabilities, behavior disorders, emotional problems and hyperactivity. Once the diet is changed and/or megavitamins are given, the child's condition improves. We need doctors, clinics and hospitals in all cities to set up screening programs to identify these hidden handicaps and disabilities.

SCREENING PROGRAMS

For early screening there should be legislative mandates to schools, well-baby clinics and early periodic screening diagnoses and treatment programs to sponsor screening programs for biochemical sensory or motor defects at birth and during childhood.

MEDICAL RECORDS ACCESS

The Parent Caucus of the White House Conference urges the enactment of Federal Legislation to guarantee to parents of handicapped children and youth access to medical records similar to the Buckley Amendment which guarantees access to childrens' school records.

REHABILITATION MEDICINE

WHEREAS there is a serious crisis in number of physicians available and number of newly recruited physicians to serve multiply handicapped individuals (only 70% of medical school programs have any physiatrists as teachers in their medical school programs); and

WHEREAS there is now stress on funding family medicine training programs to provide holistic concepts of medical care to the public; and

WHEREAS many of these family medicine programs do not have physicians associated with their training who are particularly concerned about the total needs of the physically handicapped (i.e., physiatrists); and

WHEREAS career training programs for teachers in the field of rehabilitation medicine are severly hampered through lack of funding, now, therefore,

BE IT RESOLVED that training grants to educational institutions where programs exist for training physiatrists be increased so that they can not only train more specialists in rehabilitation medicine but increase the exposure of residents in family medicine and in other medical specialties to the principles and practices of rehabilitation medicine as applied to the severely handicapped.

TRAINING OF PROFESSIONALS

The quality of training of professionals in early identification and treatment of handicapping conditions shall be improved by:

1) Mandating that teaching hospitals and professional schools be required by accrediting and funding groups to provide students, trainees, and residents with basic knowledge and practical

experience in screening, detection, early identification and treatment of potentially handicapping conditions in patients.

2) Accrediting and funding used to enforce the requirement that all medical and nursing schools shall include in their curricula specific and comprehensive teaching in the diagnosis and treatment of the handicapped, including evaluation and comprehensive and continuing treatment.

3) Requiring that appropriate practicing M.D.'s and other professionals upon licensing and/or relicensing shall meet proficiency requirements in the area of early identification and treatment of handicapping conditions.

GERIATRICS

WHEREAS the largest group of persons who are severely physically handicapped are among the elderly,

BE IT RESOLVED THAT:

1) Geriatrics should be emphasized in medical residency training programs throughout the U.S.

2) Congress should enact legislation for a new program to stimulate faculty development in geriatric medicine.

3) Demonstration projects should be developed in medical schools, integrating clinical care in geriatrics, teaching and research, thus bringing together those with interest and experience in special problems of geriatrics and long-term care.

4) Medical schools should conduct studies of biomedical information to be included in medical school curricula related to aging, geriatrics, and long-term care.

5) Each medically-related organization should consider how geriatrics relates to the goals and purposes of that organization.

EDUCATIONAL CONCERNS

EQUAL ACCESS TO HIGHER EDUCATION: HEW APPROPRIATION SPECIFICATION

WHEREAS physically handicapped college and university students may only participate and fully benefit from higher education if architectural barriers are removed from campuses, and

WHEREAS 504 Regs. direct that this task be completed by colleges and universities within three years, and

WHEREAS action must be initiated immediately in this budget year if higher education is to comply and avoid costly law suits,

BE IT RESOLVED that the House of Representatives recommendations for the 1978 HEW H.E. appropriations be amended to specify $60,000,000 for removal of architectural barriers on the nation's post-secondary campuses.

BE IT FURTHER RESOLVED that this 1978 appropriation will be known as the initial year of architectural barrier removal appropriation and will be dispersed as per Title VII Part E of the Education Amendments of 1976, Public Law 94–482.

BE IT ALSO RESOLVED that accountability and cost effectiveness will be answered by procedures that mandate all estimates be proposed by an on-site visition team that will consist of: a disabled student attending each campus for which request for funds is made; an architect with a mobility handicap or trained in barrier removal; a facilities modification specialist from the Department of Rehabilitation; and the college or district facilities planning faculty member.

PRIORITIES of architectural barrier removal activities shall be planned and presented in a three-year proposal. Priorities shall stress accomplishing maximum accessibility and discourage the use of high cost materials not relevant or pertinent to A.B. removal.

BE IT FURTHER RESOLVED that those states with higher education systems that have begun or accomplished A.B. removal shall be assessed and evaluated for their utilization as models.

LET THIS BODY IMMEDIATELY NOTIFY: the Appropriations Committee Members of the House of Representatives and the Senate; all relevant divisions of the Department of Health, Education, and Welfare; and President Carter, of this petition.

TRANSPORTATION DEVICES AT EDUCATIONAL INSTITUTIONS

WHEREAS the rules and regulations set forth in the Federal Register of May 4, 1977, regarding the implementation of Section 504 of the Rehabilitation Act of 1973 as amended in 1974, speaks primarily to architectural barriers in education, and

WHEREAS it is extremely difficult for many handicapped individuals to move about educational institutions with large campuses or campuses with extremely difficult terrain,

THEREFORE, BE IT RESOLVED that this conference recommend that the Department of Health, Education, and Welfare require all institutions of education which receive federal funding to provide transportation devices (e.g., vans with lifts) for all handicapped individuals in order to make all educational campuses entirely accessible.

STAFF POSITION FOR HIGHER EDUCATION

WHEREAS the Division of Higher Education in the Department of Health, Education, and Welfare does not contain a staff position for implementing and coordinating supportive services and programs for disabled students in higher education, and

WHEREAS disabled students do not self-destruct at age 18 or upon graduation from high school, and

WHEREAS the majority of physical disabilities occur after age 18, and

WHEREAS many college age disabled must develop new careers in order to provide for their families, and

WHEREAS public funds are used by higher education throughout the nation,

BE IT THEREFORE RESOLVED THAT this conference requests that the Office of Management and Budget establish a staff position with the specific and exclusive assignment of higher education.

FURTHER, let each State request a resolution from its legislative houses supporting this conference request.

DUAL PROGRAMMING IN COMMUNICATIONS WITH HEARING IMPAIRED

ISSUE: EDC—NEW All individuals with hearing loss age 0–25 are entitled to individualized educational programs designed to habilitate their most appropriate channels of communication. Dual programming can eliminate the conflict between proponents of one form of communication over another.

Recommended Solution:

1) Early identification of hearing loss must be expedited, through public awareness programs, reliable testing techniques and equipment through the medical community's awareness of its responsibility in early identification and early intervention through educational audiological assessment.

2) Early intervention is needed through binaural amplification and stimulation leading to either:

a. If appropriate, immediate placement in a program of the total communication philosophy (as defined by the A. G. Bell Association and the National Association of the Deaf) incorporating simultaneous development of aural, oral and manual communication skills for the *entire* family throughout the school program.

b. An auditory-oral program to determine within a specified time period (1 - 3 years maximum) the most effective communication strategy:

i. an auditory-oral emphasis

ii. a total communication emphasis

c. Both the above initial placements (a & b) will include an early intervention program of *regular* home or model-home center training for parents, siblings, grandparents, etc., "affective" counseling of parents and other family members facilitating eventual acceptance and goal-oriented habilitation of the hearing loss and its effects on the entire family.

d. Placement can be determined through:

i. parent desires and needs (i.e., hearing impaired parents), and

ii. valid diagnostic tools for assessment (research is currently being done by Downs, Vernon, Rupp, among others), and

iii. interdisciplinary approach of professionals (such as physician, educational audiologist, social worker, psychologist, physical therapist, etc.).

3) Dual programming (auditory *and* total communication) shall continue throughout the school years, with mainstreaming as a primary objective wherever possible.

a. Para-professionals shall be a component in *all* programming.

b. Regular classroom students shall be able to participate in activities in the special classroom (reverse mainstreaming or integration).

c. All auxiliary school personnel (principal, secretaries, nurses, librarians, custodians, other teachers and teacher aids) shall receive in-service training to facilitate their understanding of communication with the hearing impaired and/or deaf students (with total communication—manual instruction where applicable).

d. In total communication programs, formal courses in manual communication will be offered to hearing impaired and deaf students as part of the curriculum.

e. Courses in manual communication will be offered in schools housing the hearing impaired and deaf students. *All* students shall be eligible to elect such courses.

4) While common facilities may, and should be, shared in educating the hearing impaired students in both modes of dual programming, there is a need to identify the students as having separate types of programming. This would facilitate full funding for both types of programming and avoid fractionalizing budget requirements, especially when small populations are concerned.

5) Teacher training institutions shall certify teachers of the hearing impaired as follows:

a. All teachers of the hearing impaired shall have required courses in normal language and speech development patterns in children.

b. There shall be a "total communication" major who shall be "bilingual" in both speech and manual skills.

c. There shall be an "auditory approach major" who shall be skilled in specific aural habilitation of residual hearing, with a minor in total communication—manual skills.

d. Para-professional training programs for the hearing impaired shall be developed to provide interpreters for mainstreaming.

6) Capable hearing impaired individuals shall be employed as administrators, teachers and para-professionals in school programs offering instruction to hearing impaired students. The employment of these individuals will enhance the overall educational program and they will be able to serve as resource persons and positive role models within the program.

COMPREHENSIVE PRE-SCHOOL EDUCATIONAL SERVICES

BE IT RESOLVED that to assure disabled children appropriate education services, the Federal Government shall immediately mandate that all disabled children from birth through five years of age shall receive comprehensive developmental education services.

FUNDS FOR VOCATIONAL EDUCATION

WHEREAS, the passage of Section 501, 503, and 504 of the Rehabilitation Act mandates employment and non-discrimination in employment of the handicapped; and

WHEREAS, the passage of Section 504 of the Rehabilitation Act mandates vocational assessment, vocational counseling, and vocational training for the handicapped; and

WHEREAS, an overwhelmingly large percentage of handicapped persons previously discriminated against will become eligible for such employment and the consequent need for employment preparation; and

WHEREAS, Section 501, 503, and 504 carry no mandate for funding to provide for the vocational assessment, vocational counseling, and vocational training of the handicapped; and

WHEREAS, the Vocational Education Act of 1973 (P.L.94–482) mandates that *only 10%* of those funds be set aside for the training of such handicapped persons;

THEREFORE, BE IT RESOLVED that the mandated set-aside funds under the Vocational Education Act (P.L.94–482) shall be increased from 10% to 25%.

SPECIAL EDUCATION SERVICES

WHEREAS, the primary function of special education services is to educate children and adults who have a handicapping condition, the Michigan delegation to the White House Conference on Handicapped Individuals supports the following resolutions:

1) The basis of all education is premised on adequate and appropriate communication skills between teacher, student, and parents. Therefore, *prime* importance rests on developing, researching, and utilizing communication skills, aids and/or devices which will most effectively develop communication skills in handicapped students. This would include, but not be limited to, Morse code signallers for the deaf-blind, total communication for the deaf, electronic signallers and voice boxes for cerebral palsied students, etc. There must be interdisciplinary cooperation between schools, agencies, health services and service organizations to provide handicapped children and adults with the devices, aids, and/or techniques which are most appropriate to their needs in order to develop maximum communication skills.

2) A strong emphasis must be placed on the importance of early intervention in education, both on the basis of meeting the needs of the handicapped student and also as a means of reducing the total dollar expenditure which would be spent on rehabilitation later on in life.

We further recommend that:

a. Early intervention services must include the 0–5 age bracket.

b. Early intervention shall service children with handicapping conditions without the use of "labels."

c. A necessary part of early intervention programs must include parental and sibling counseling to provide them with a realistic, goal-oriented, positive attitude toward the child. This is extremely necessary in developing a healthy self-image in the handicapped child.

d. Wherever possible, adult consumers must be involved in the counseling, teaching and administration of programs delivering services to special education handicapped students and adults.

3) To insure maximum benefits out of the educational system, year-round programs must be provided for the severely handicapped and multiply handicapped student.

a. Educational systems must work cooperatively with city and state governmental units in developing a coordinated delivery system of educational, social and cultural activities.

COORDINATION OF GENERAL EDUCATION AND SPECIAL EDUCATION SERVICES FOR LEARNING DISABLED STUDENTS

WHEREAS, a continuum of educational services is required for learning disabled persons with mild, moderate or severe handicapping conditions, from ages 3–21, and

WHEREAS, individualized educational prescriptions require effective teaching and the use of carefully selected materials and techniques,

BE IT RESOLVED THAT educational resources of both general and special education for the learning disabled be provided and coordinated in order to effectively ensure such a continuum.

FUNDING FOR SUPPORT SERVICES AT THE POSTSECONDARY LEVEL

WHEREAS 504 of the Rehabilitation Act of 1973 has been signed and assures all disabled people equal access to a postsecondary education, and

WHEREAS many disabled students require a variety of supportive services to attend a postsecondary institution,

THEREFORE, BE IT RESOLVED that the Congress shall appropriate adequate funding based on the direct excess costs incurred in serving disabled students and further,

BE IT RESOLVED that funding provide for an individual on each campus with responsibility for providing services to disabled students and for monitoring and assisting in implementation of 504.

EQUAL ACCESS TO HIGHER EDUCATION

WHEREAS, there are a significant number of handicapped persons seeking postsecondary education, and

WHEREAS, only a small percentage of these students is receiving services from the Department of Rehabilitation to obtain said postsecondary education, and

WHEREAS, the above clients of the Department of Rehabilitation must have a stated vocational goal in order to receive said services, and

WHEREAS, there are a significant number of handicapped persons who require and desire higher education *who have not declared a major* or a *lifetime vocational goal*, and

WHEREAS, Section 504 of the Rehabilitation Act guarantees or mandates that postsecondary education be available and accessible to handicapped students, and

WHEREAS, there are direct excess costs generated in the provision of direct supportive services to the above handicapped students seeking such education,

THEREFORE, BE IT RESOLVED that 15% of any appropriations made to the Education Amendments of 1976, Part I, Higher Education be mandated to be set aside for the provision of direct supportive services to enable handicapped persons to attend postsecondary institutions.

INDIVIDUALIZED EDUCATION FOR ALL

Recent federal legislation endorses individualized education programs for each student. This has become a reality because we have the technology and the population to do so. It is necessary to apply this same individualization to each handicapped person and his unique needs.

EDUCATIONAL ALTERNATIVES

WHEREAS, all children have a right to an education which meets their needs; and

WHEREAS, Public Law 94-142 requires the placement of disabled children in the least restructive setting; and

WHEREAS, public school personnel currently do not receive adequate preparation to teach disabled students with special needs;

THEREFORE, BE IS RESOLVED that the Congress require that all educational institutions receiving federal funding shall develop curricula which include:

1) A minimum of six semester hours of classes which provide an orientation to a variety of disabilities, and

2) Within each course of training in the basic disciplines (reading, language, arts, mathematics, the sciences) there shall be a unit which provides alternatives available to the teacher in order to meet the special needs of the disabled children in each discipline.

AND FURTHER, BE IT RESOLVED that this curricula be required of any student going into any school personnel related field at any academic level.

ENFORCEMENT OF EDUCATION FOR ALL HANDICAPPED CHILDREN ACT

WHEREAS, all children have a right to an education which meets their needs and which allows them full equality of opportunity; and

WHEREAS, many children with disabilities are denied these rights because of discriminatory practices, including denial of appropriate services, segregation and exclusion; and

WHEREAS, Congress passed and the President signed Public Law 94-142, the Education for All Handicapped Children Act, to assure each child with disabilities his right to a free appropriate public education, to provide for full procedural safeguards for that child and his parents, and to assist the State and Local educational agencies to carry out their Constitutional responsibilities to these children; and

WHEREAS, P.L.94-142 requires each State to provide all its handicapped children with a free appropriate public education by September 1, 1978 or become ineligible for Federal funding and sets forth minimal requirements necessary for the Federal government to assure that children with disabilities are, in fact, protected; and

WHEREAS, various organizations and individuals have recommended that amendments be made to P.L.94-142 that will undermine its effectiveness in protecting handicapped children and weaken its provisions; and

WHEREAS, the Washington State Delegation to the White House Conference supports this critical Federal law which gives Constitutional content to the principle of nondiscrimination against handicapped children and believes that National, State, and Local government must finally take effective action under its mandate to assure that each child with disabilities is assured his Constitutional right of equal protection and equal educational opportunity;

NOW, THEREFORE, BE IT RESOLVED, that the White House Conference demands that each National, State and Local government agency responsible for implementing this law and providing an education to handicapped children immediately enforce this law and the Constitutional mandate it guarantees, and

BE IT FURTHER RESOLVED, that the Washington Delegation strongly opposes any attempt to weaken the long needed protection of Public Law 94-142 and therefore is in total opposition to any amendments to this law.

BE IT FURTHER RESOLVED that the Washington Delegation offer this resolution for adoption and passage by the White House Conference.

BE IT FURTHER RESOLVED that this resolution be immediately transmitted to all members of the House Education and Labor Committee, the Senate Human Resources Committee, to the President, the Deputy Associate Commissioner for the Education of Handicapped Children and the Secretary of Health, Education, and Welfare.

VOCATIONAL EDUCATION FOR HANDICAPPED INDIVIDUALS

In as much as Federal programs and Committees must address the Vocational Needs of the Handicapped as reinforced by Section 504,

BE IT THEREFORE RESOLVED that,

1) Office of Career Education in its program of grants ensure that the needs of handicapped people are addressed in all their research and demonstration projects, and

2) That National Advisory Committee on Vocational Education have a member knowledgeable in the concerns of the handicapped.

SOCIAL CONCERNS

DEVELOPING POSITIVE ATTITUDES

WHEREAS, attitudinal barriers which may retard the development of educational programs for the handicapped can be eliminated by developing realistic expectations and goals FOR and BY the exceptional child,

BE IT RESOLVED, that some strategies would be:

1) Each school will have a "Handicap Awareness Day" inwhich school personnel and students would experience various handicapping conditions,

2) A program of study will be developed and instituted to *all* children an awareness of individual differences, focusing this concept as it relates to handicapping conditions, stereotypes, attitudes, expectations, and prejudice from both the "normal" and handicapper perspectives,

3) Special education personnel will be periodically involved in regular education programs (through observation, assignment to specific classes, team teaching, etc.) to maintain their perspective of 'normal' child development and growth. Additionally, regular teachers will be periodically involved in special education programs to gain and maintain a perspective of the purposes and operations of special education classrooms, both resource and self-contained,

4) In-service will be provided to parents, general educators and the general public. A primary goal of such is to break down stereotyping and generalizing regarding the needs and abilities of handicapped individuals. To be stressed is the concept that handicapped persons are as alike and different from one another and from non-handicapped as are people who are not handicapped. Additionally, *personal* fears, prejudices and other attitudes must be explored to redirect such attitudes into more positive ones,

5) Inappropriate and semantically negative labelling is applied to each handicap, in diagnosis and by the general public. The Office of Handicapped Services will investigate the use and abuse of labelling of the handicapped in all sectors of society while exploring positive attitudes.

NON-PROFIT ORGANIZATION

Non-profit organizations purporting to advocate for disabled groups shall be required to:

1) Refrain from the dissemination of derogatory educational material.

2) Refrain from fund raising tactics which reflect negatively on the disabled.

3) Submit any material intended for fund-raising or educational purposes to disabled individuals for approval.

PORTRAYAL OF HANDICAPPED IN ADVERTISING

WHEREAS, Madison Avenue and both national and state advertisers have the responsibility for packaging products for consumption by the public for both able and disabled persons, and

WHEREAS, the disabled spend money on products and use these products as do abled bodied brothers and sisters,

THEREFORE, BE IT RESOLVED that we urge Madison Avenue and its advertisers to depict disabled persons using these products in all forms of the media.

RECREATION AND LEISURE SERVICES

BE IT FURTHER RESOLVED that the National Recreation and Park Association further wishes to urge the participants in the White House Conference to give serious and detailed study to recreation and related leisure services as an important basic right of handicapped citizens. In this regard, NRPA encourages review and consideration of the following recommendations:

1) A national program should be established to facilitate recruitment, employment, and training of handicapped citizens in all areas, including parks and recreation. Such assistance should include financial aid for education and training for careers in parks and recreation.

2) Government at all levels, as well as the private sector, should be encouraged to extend current programs to provide financial assistance to public and private agencies serving handicapped citizens.

3) The Bureau of Education for the Handicapped and other federal units should substantially increase funding allocations for research to increase understanding of the factors contributing to satisfying recreation participation for handicapped persons.

4) A mechanism should be created to join authorities at the federal, state, and local level in a common effort to facilitate effective resource utilization with respect to the coordination, operation, and implementation of recreation and leisure programs and services for handicapped citizens.

5) The President is urged to direct the Department of Transportation to develop and adopt an affirmative action policy regarding accessibility as related to tourism and other leisure experiences dependent upon the various forms of transportation under its jurisdiction and control.

6) Federal financial support should be made available to establish effective mechanisms to enforce compliance with existing accessibility legislation particularly in relation to parks, recreation, and related leisure areas and facilities.

7) Organizations like the National Recreation and Park Association should become more involved in the development of legislation that is responsive to the needs and expectations of the handicapped citizen.

8) The White House Conference planners and delegates should recognize the inestimable values and benefits that leisure counseling can contribute to the health and well-being of all handicapped citizens and make productive determinations and subsequent recommendations that will instigate the planning and funding of leisure counseling programs and services at the federal, state, and local level.

9) The White House Conference planners and delegates should include provisions for the greatest possible involvement of concerned organizations such as the National Recreation and Park Association in conference "follow-up" and "feedback" to advocate and build upon the needs and accomplishments resulting from the White House Conference on Handicapped Individuals.

OUTDOOR RECREATION FOR HANDICAPPED PERSONS

WHEREAS, recreation and leisure opportunity and services for America's 35+ million handicapped individuals have been assigned very low priority or no priority by Federal agencies, notably the

Bureau of Outdoor Recreation, Rehabilitation Services Administration, the Commission on Aging, and the Office of Handicapped Individuals; and

WHEREAS, the Nationwide Outdoor Recreation Plan prepared by the Bureau of Outdoor Recreation purposely deleted rationale, planning, and attention to the needs of America's 35+ million handicapped individuals; and

WHEREAS, the Plan sidestepped operational and fiscal responsibility by assigning this function to State and local governments; and

WHEREAS, these two actions are wholly inconsistent with the philosophy and responsibility exercised by the Federal government in other areas such as employment, education, health care, and social security;

NOW, THEREFORE, BE IT RESOLVED THAT the Bureau of Outdoor Recreation shall immediately undertake the preparation of a revised Nationwide Outdoor Recreation Plan to meet the needs of America's 35+ million handicapped individuals; and

BE IT FURTHER RESOLVED THAT the President of the United States of America mandate a report from all cabinet members on existing programs, their level of authorization, and their level of funding; and that a Plan be developed which will address the needs of the Nation's handicapped, that authorization/funding levels of programs and services, research, training, technical assistance, and demonstration programs be provided and that responsibility be assigned to the Bureau of Outdoor Recreation with the directive that other appropriate Federal agencies and commissions shall cooperate with the Bureau of Outdoor Recreation to achieve the goal of meeting the recreation and leisure needs of the total population.

RECREATIONAL PROGRAMS AND FACILITIES

1) Recreation programs and services shall be appropriately planned and implemented for all citizens on a continuum basis which includes institutional as well as community programs. Specific needs include such programs as:

a. Summer programs for school aged children with handicaps in conjunction with and as an extension of developmental programs implemented by local school systems;

b. Leisure skills teaching for homebound;

c. Parent training and counseling programs;

d. Integration of recreation programs within existing social services agencies such as Vocational Rehabilitation and Department of Social Services;

e. Providing leisure counseling services to all citizens with handicaps; and

f. Captioned television programs.

2) Program planning must include consumers whenever possible and be implemented by qualified personnel who meet guidelines developed by the National Therapeutic Recreation Society, a branch of the National Recreation and Parks Association.

3) All recreational facilities must be accessible to all citizens.

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* This resolution is intended to combine several recommendations suggested in the workbook under issue statement Soc. III—2, i.e., what recreational programs or services must be established or modified to provide full recreational opportunity for handicapped individuals?

4) A leisure resource information center shall be established to coordinate and disseminate information identifying accessibility information on all state and federal recreation resources.

5) Federal and state funding shall assist local agencies in providing comprehensive recreation and services to persons with handicaps.

CULTURAL PROGRAMS FOR THE HOMEBOUND

WHEREAS, the question on Soc. 10–7 concerns opportunity of homebound nursing homes and institutions;

BE IT RESOLVED that:

1) The workshop on social concerns feels mobile cultural facilities shall be set up to bring the arts, theatre, and all other cultural programs possible to the homebound, etc. individual, and

2) Public and private museums should maintain a collection of cassettes, slides, tapes, prints, and graphics and touchable exhibits to be made available for individuals with handicaps who are homebound or in institutions.

HANDICAPPED ARTISTS

The National Endowment for the Arts should facilitate the establishment of state chapters with special emphasis on handicapped artists to develop and expose other artists to the vision that a "handicap" is to be viewed as a unique artistic expression and as a symbol of man's interdependence, giving handicapped persons a new positive image, dignity, and self-worth.

PARTICIPATION IN CULTURAL ACTIVITIES

WHEREAS, interpreting and/or captioning (subtitles) of television programming will benefit the hearing impaired as well as the general population; and

WHEREAS, the means for providing this service has been well demonstrated by the National Public Broadcasting System;

NOW, THEREFORE, BE IT RESOLVED that all television broadcasting stations be encouraged to have more interpreting and/or captioning (subtitles) of general programs and newscasts; and

BE IT FURTHER RESOLVED that the President, the Secretary of Commerce, and the Secretary of HEW urge CBS, NBC, and ABC to start captioning their general programs and newscasts to benefit the hearing impaired and the general population.

RESPITE CARE

RESOLVED, that legislation be enacted at federal and state levels to provide for a system of respite care to make it possible for families with severly handicapped children to lead dignified and decent lives so that these families are not forced for reasons of finances or time to institutionalize their disabled child. Further, SSI benefits must not be tied to provide disability which requires hospitalization.

GAS TAX RELIEF FOR SPECIALLY EQUIPPED VEHICLES

TO BE RESOLVED that handicapped individuals be given a tax exemption or deduction for the personal "gas guzzling," specially-equipped vehicles. This tax relief for handicapped individuals shall apply to any gasoline surcharge or vehicle tax as proposed in the National Energy Policies.

TRANSPORTATION FOR HANDICAPPED PERSONS IN RURAL AREAS

BE IT RESOLVED that the Urban Mass Transit Authority name be changed to "The Urban Mass Transit and Rural Transportation Authority," and that equal consideration be given to the substantial problems of providing adequate transportation for the handicapped in the vast rural areas of the United States and its territories.

BE IT FURTHER RESOLVED that due consideration be given to funding the operation and maintenance of these services rather than providing capital funds only.

TRANSPORTATION ACCESSIBILITY

The Urban Mass Transportation Administration (Department of Transportation) shall be authorized by amendatory legislation to the Urban Mass Transportation Act of 1964, as amended, to prescribe vehicle standards which will result in the total access and use of all such vehicles purchased through this agency commencing January 1, 1978.

Each state and territory shall enact legislation which requires that all vehicles purchased with Federal, State, and local funds shall be accessible to and available for boarding and use, including tie downs for a minimum of two wheelchairs in each vehicle, commencing January 1, 1978.

Each state and territory shall enact legislation which requires that all vehicles purchased with Federal, State, and local funds shall be equipped with visual travel information for the deaf and auditory information for the blind.

ARCHITECTURAL AND TRANSPORTATION BARRIERS COMPLIANCE BOARD

A series of recommendations for upgrading the Architectural and Transportation Barriers Compliance Board

1) An independent board shall be located in the APPROPRIATE FEDERAL SERVICE AGENCY FOR HANDICAPPERS.

2) The Board shall have sole authority and jurisdiction regarding the resolution of any conflicts under the FEDERAL statute and shall have sole enforcement responsibility FOR BUILDING PROPERTIES UNDER THEIR JURISDICTION, and all other relevant areas.

3) The Board shall have accessibility standard-making authority with regard to all federal programs. Where FEDERAL and STATE jurisdictions overlap, the Board shall determine equivalency of standards and the higher standards shall prevail.

4) The Board shall be the sole waiver authority within the federal system UNDER its jurisdiction. Waivers shall not be granted to new construction.

5) ENABLING legislation SHALL also mandate a regional board network under the authority of the federal board.

6) An annual line item budget shall be provided for the Board which fully funds all activities of the Board commensurate with its duties.

FREEDOM FROM ENVIRONMENTAL BARRIERS

BE IT RESOLVED that Federal legislation should be enacted to require that any new substantially renovated facility used in or owned by a company engaged in interstate commerce, whether publically or privately owned must be free of environmental barriers, and

BE IT FURTHER RESOLVED that an adequate staff be organized to insure compliance with the law.

ECONOMIC CONCERNS

TRAINING OF SUPERVISORS

Supervisors must get background information on the handicapped through an awareness training program.

Supervisors must be required to attend or participate in a training class for the handicapped and also observe them performing on the job.

Counseling in career advancement opportunities should be offered to the supervisors by VRS, OSB and other agencies serving the handicapped.

COUNSELING

VRS follow-up after hospitalization or institutionalization.

Department of Mental Health must provide counseling for families, including financial, emotional and genetic.

Re-educate professional and non-professionals as to the proper level of sensitivity and expectations.

WAIVER OF SUBSTANTIAL GAINFUL ACTIVITY

Approved Plans for Self-Support (APSS) be given the flexibility to suspend, modify, and/or supercede any Title II or XVI rules and regulations that would act to hamper the recipient's chances of actually becoming self-supporting within the time frame of their Plan. The current rules regarding the time frames for APSS should remain in force. Under current rules, a recipient may be granted additional income disregards for work and/or training expenses incurred within the time frame of the Plan (at least one year in most cases). And yet, if the recipient's gross earnings are $50 per month or more for any nine months and earnings for any one month equal or exceed $200, he/she will become ineligible for further benefits, regardless of the APSS. In other words, most APSS become meaningless and deceitful exercises in bureaucratic paperwork because most recipients will establish SGA before the Plan is completed and will lose their benefits while still within the time frame of their Plan!

SERVICE DELIVERY FOR HANDICAPPED INDIVIDUALS

BE IT RESOLVED that the White House Conference on Handicapped Individuals supports human services directed towards the habilitation, rehabilitation, and enrichment of the lives of the handicapped; but is opposed to lumping all human services together.

If there is to be any major new agency for the handicapped, it must be based on habilitation and rehabilitation goals, including the principle of vocational rehabilitation which has proven itself over the years, and an organizational structure as defined in the Rehabilitation Act of 1973 as amended. The Conference believes in the American ideal which encourages the handicapped to move towards as much independence as possible, including work when feasible.

GENERAL EDUCATION AS VOCATIONAL REHABILITATION

WHEREAS, a general higher education is a necessary component of vocational rehabilitation for many disabled students, and

WHEREAS, many non-disabled individuals are free to attend the school of their choice and attend one to two years with an undeclared major or vocational objective, and

WHEREAS, many of these same non-disabled individuals receive one form or another of government support while obtaining a broad general higher education without an initially stated declared major or vocational objective, and

WHEREAS, individuals with disabilities frequently experience difficulties with Departments of Rehabilitation in securing approval for their higher education plans when choosing not to declare a major or specific vocational objective at the community college or university level;

BE IT THEREFORE RESOLVED that the Rehabilitation Service Administration direct all State Departments of Rehabilitation to discontinue the restrictive requirement for a declared major or stated vocational objective for the first two years of higher education of the disabled, and

FURTHER BE IT RESOLVED that the Rehabilitation Service Administration is to undertake a comprehensive evaluation of all Department of Rehabilitation appeal practices to ensure that all clients are fully informed of their rights to appeal when they believe that they are not receiving appropriate services from their state agencies *and* that this evaluation shall be forwarded to the Congress for their information.

SECTION 501 OF REHABILITATION ACT

The Administration support and the Congress enact the legislation that has been proposed by the Civil Service Commission to provide an appeals procedue for applicants for Federal employment and Federal employees, discriminated against on account of disability.

The Civil Service Commission extend the excepted appointed authority (Schedule A, Section 213.3102 (u)) to include mentally restored individuals as well as those who are severely physically disabled.

Necessary amendments be made to allow conversion of employees serving in these excepted appointments (Schedule A, Section 213.3102 (u)) to career status after an appropriate period of satisfactory service.

The Administration propose and the Congress enact appropriation legislation that will place a full-time selective placement coordinator in each Federal personnel office serving 2,500 or more employees.

USES STAFFING

Provide Federal funding to ensure that each Employment Service Office has at least one placement specialist who is fully prepared to recognize the vocational capabilities of the handicapped and who is skilled in the various methods of communication with deaf, blind, deaf-blind, and mentally disabled persons. Affirmative action should be taken in hiring qualified handicapped persons for this or other jobs within the respective offices of the U.S. Employment Office. Placement efforts should be integrated with the Department of Vocational Rehabilitation and the Veterans Administration, with emphasis on sharing Job Bank and Labor Market information.

CETA

Because of current manpower funding legislation, the established workbook's light attention to the C.E.T.A. program is a serious omission. Local control should not mean the total abdication of responsibility for monitoring, controlling, and educating regarding discrimination.

COOPERATION AMONG MANPOWER PROGRAMS

All manpower programs (i.e., U.S.E.S's, W.I.N., V.R.S., C.E.T.A.'s, etc.) should combine efforts rather than duplicate each other.

Funding formulas should *require*, rather than discourage, cooperation.

MODEL CONTRACT CLAUSE

Major unions working with the White House Conference should draw up a "model contract" clause for handicapped employees, to be disseminated to the member unions for use in collective bargaining contracts.

REMOVAL OF INCOME RESTRICTIONS

WHEREAS, the CETA, National Alliance of Businessmen Program, and the Neighborhood Youth Corps (Work Training) Program ARE DESIGNED TO SERVE ALL youth and adults, INCLUDING THE HANDICAPPED . . ., and

WHEREAS, these three programs HAVE NOT adequately served the handicapped;

NOW THEREFORE BE IT RESOLVED that the above three programs be MODIFIED to serve the handicapped better and the income restriction on eligibility be REMOVED for all handicapped youth and adults who apply.

EQUAL PAY FOR EQUAL WORK

WHEREAS, it is reported by a significant number of participants in this conference that handicapped persons may be paid less than non-handicapped persons for the same work,

BE IT RESOLVED that federal and state acts requiring equal pay for equal work be amended to cover handicapped workers.

FRACTIONAL PRODUCTIVE CAPACITY

WHEREAS, severely handicapped people can, and often do, become trained and at least semi-productive in certain occupational skills, and

WHEREAS, such productive capacity can be and often is a *fractional percent of the usually accepted full productive capacity in a given skill,* whether in a competitive placement or a sheltered shop, and

WHEREAS, such person often has, together with the government, considerable time, money, and effort invested in his/her training and needs, therefore, to seek out and do everything possible to obtain such particular work appropriate to his/her skill training.

NOW, THEREFORE, BE IT RESOLVED that when a handicapped person has been adequately/appropriately trained in a specific occupational skill according to national and/or local standards and can only reach *a fractional percent of productive capacity in that skill* the federal government should provide the funds necessary to make up the difference between his/her productive capacity (rate of production) and the actual wage rate in that particular occupational skill. Provided;

1) The funds should be made available directly to the individual,
2) Measured productive capacity (rate of production) should be monitored and measured annually to avoid abuses, and
3) Such dollars made available to the individual should be allowed to support him/her in private industry, government or sheltered workshops.

SHELTERED WORKSHOPS

BE IT RESOLVED that for the Sheltered Workshop to fulfill its appropriate role, the following is needed:

1) *Program Subsidy*—Federal and state funding should be available to subsidize sheltered workshops so that the profit incentive will not exert undue influence on programs available to handicapped individuals in the areas of habilitation, rehabilitation, and vocational training.

2) *Placement*—Each sheltered workshop should have at least one qualified placement specialist to place disabled clients in competitive employment in jobs that are both meaningful and that provide equitable compensation; such individuals should provide follow-up services to clients on "as needed" basis.

3) *Fringe Benefits*—There should be Federal Grants available to allow sheltered workshops to pay fringe benefits—"vacation, sick leave, health insurance, life insurance, and retirement"—for handicapped individuals employed on a long term basis in sheltered workshops.

SSI PROGRAM IMPROVEMENTS

BE IT RESOLVED THAT the Oregon State Caucus wishes to urge the participants of the White House Conference to give consideration to the improvement of the supplemental security program for the permanently and severely handicapped in the following ways:

1) Allow higher earned income up to minimum wage level before complete termination of benefits.

2) Mandate medical benefits through Title XIX be extended beyond the period of financial eligibility when no alternative for medical coverage is provided by the employer or other insurance carrier including Medicare.

3) Mandate expanded medical benefits to include necessary items to assure habilitation of the handicapped person.

4) Mandate that initial and subsequent disability determination for SSI include relevant social, functional, and educational factors as well as liberalized consideration of medical diagnosis and prognosis.

REDEFINING SUBSTANTIAL GAINFUL ACTIVITY

1) The current rules and regulations governing Title II (SSDI) and Title XVI (SSI) of the Social Security Acts work as a disincentive for employment for all benefit recipients. Current rules regarding Substantial Gainful Activity (SGA) and Trial Work Periods (TWP) discourage any recipient from seeking and attempting low income employment.

a. The current rules regarding SGA be rescinded.

b. SGA be redefined as:

i. activity that earns the recipient a gross monthly income that brings the actual benefit amount (federal payments plus state supplements) the recipient is entitled to if he/she has no other income. *Example:* An SSI recipient lives "independently"; and is thus entitled to $192.10 per month ($167.80, federal plus $24.30, Michigan supplement). He receives no unearned income. Therefore, the first $86 of earned income is disregarded. The balance of earned income is discounted at the rate of $1 for each $2 earned. Thus, this recipient's SGA amount would be $469.20 ($469.20 − $85 disregarded = $384.30 ÷ 2 = $192.10).

ii. SGA would be established after two consecutive months of earnings that exceed an income figure established by the above formula.

c. Establishment of SGA would *only suspend* a recipient's eligibility for SSI and/or SSDA benefits. Eligibility would be automatically reestablished for any month(s) that a prior recipient's income does not equal or exceed his SGA amount as all other applicable eligibility criteria continue to be met; and the recipient has *not voluntarily* kept his earnings below his SGA level.

d. The current rules governing TWP be rescinded.

e. The concept of TWP be entirely replaced with the above framework of SGA.

REMOVAL OF FINANCIAL INEQUITIES

The Parent Caucus of the White House Conference on Handicapped Individuals urges the delegates to endorse the following resolution:

That federal legislation be enacted that will remove the present inequities and discrimination against handicapped children and their families in the following financial areas:

1) Certain SSI provisions which provide a disincentive to mainstreaming.

2) Medical, health, and life insurance, which almost always discriminate against handicapped children, adults, and their families.

3) Automobile and other kinds of insurance, which often are similarly discriminatory.

4) Wills and trusts, which are now governed by laws that make it almost impossible for families to make rational plans for their handicapped children's future after the parents' death or during their elderly years.

PROMPT IMPLEMENTATION OF SSI CHANGES

BE IT RESOLVED that Supplemental Security Income immediately implement a system which insures prompt handling of address and other changes in order that recipients receive their checks on time and in the correct amount.

CHANGE OF SSI BENEFIT

Congress should eliminate the one-third reduction in SSI benefits which occurs when a SSI recipient lives in the household of another.

SSI REFORM

WHEREAS, the Washington Post of May 26, 1977 reports in an article on welfare reform that a private memorandum to President Carter from Secretary Califano and Secretary Marshall proposes changes in SSI eligibility criteria that would eliminate SSI benefits for many if not most disabled persons who live with relatives, and makes other proposals that run counter to the SSI reform recommendations of this Conference, and

WHEREAS, President Carter is reported to disagree and to have said that he did not want SSI recipients to get any less than they currently receive;

THEREFORE BE IT RESOLVED that the White House Conference on Handicapped Individuals very strongly urges the President not only to maintain his position on not reducing current SSI benefits, but also to direct the Secretary of Health, Education and Welfare, the Secretary of Labor, and the Welfare Reform Task Force to give full and favorable consideration to the SSI reform recommendations of this Conference, including recommendations for the removal of disincentives to work in the current law and regulations. We further recommend that SSI benefits be extended to Puerto Rico, the Virgin Islands, Guam, and American Samoa.

TAX CREDITS

We urge that tax deductions on all handicapped-related expenses be allowed in *addition* to the standard deduction. Further, we support the extension of the tax credit for the blind to other handicapped people. This is done in recognition of the simple fact that it costs a handicapped person more money to work, for transportation, and for many other handicapped-related expenses.

NEGATIVE INCOME TAX RATE

The Federal Government should provide all handicapped persons, depending upon employment status, with various direct subsidies depending upon the degree of disability. Eligibility for vocational and medical rehabilitation should remain constant, but the negative income tax rate should be adjusted inversely with the degree of disability and the individual's income. Benefits paid to the completely disabled, including retirees and children, should be above the poverty level, and tax free.

INCOME TAX EXEMPTION

WHEREAS, there are very few Federal income tax provisions for the handicapped, and

WHEREAS, there is only one handicapping condition (the blind) that is now allowed an additional $750 tax exemption for possessing that handicap;

BE IT THEREFORE RESOLVED that the President and the Congress consider changing the federal tax laws in order to facilitate an equitable tax treatment for all individuals with handicaps, with no reduction in current benefits.

PAID JOB TRAINING

Paid co-op experience for students as a transition from training to work, e.g. as the college intern programs, or high school co-op programs. This experience should be provided at different age levels in schools, for school age and by VRS for those over 26. On-the-job-training for those who are not students should also be included.

A competency-based evaluation system should be set up to determine the person's adequacy for job placement. This system should be administratively and financially separate from rehabilitation and financial aid systems. The evaluation process should be reviewed by a local advisory board with representation from involved professionals, consumers and employers. This board should include handicapped persons who possess the required skills in this field, if available. An advocate for the person involved may also be appointed to serve. Consumer organizations may help by providing advocates.

Training should be available to equip the individual with job mobility within the job market to provide the person with several options for employment.

SPECIAL
CONCERNS I

LIBRARY SERVICES

We recommend that the final report of the White House Conference on the Handicapped include the following:

1) The library position (for services to all handicapped people) be filled and supported with appropriate funding.

2) Legislation and funding for public libraries to be made accessible and useful for all disabled people should be strongly supported.

3) Continue support for Library of Congress Division for Blind and Handicapped.

4) Urge handicapped people to be active in the White House Conference on Libraries to be held in 1978.

LIBRARY SERVICES

We recommend that the final report of the White House Conference on Handicapped include the following:

1) The library position in HEW for programs for all handicapped people be filled (it has been vacant for three years), and supported with funding.

2) Legislation and necessary funding for public libraries to be made accessible and useful for all disabled, should be strongly supported.

3) Continue support for the Library of Congress Division for Blind and Handicapped.

4) Urge handicapped people to be active in the White House Conference on Libraries to be held in 1978.

MAINSTREAMING

WHEREAS, attitudinal barriers which may retard the development of educational programs for the handicapped can be eliminated by an effective program of mainstreaming,

BE IT RESOLVED that guidelines for effective implementation of mainstreaming are:

1) The placement of exceptional children will be done on the readiness of the special student to function in a regular classroom and considering *all* existing programs available to exceptional children.

2) In-service training and awareness of exceptionality for the regular teacher will be given prior to placement of special students in regular programs. There will be a follow-up program to continue this in-service and awareness training throughout the mainstreaming process of each school year.

3) Transitional periods are necessary to prepare both exceptional and regular students to accomodate themselves and their classmates to the mainstreaming process.

4) The class size of the regular classroom will be reduced wherever mainstreaming is implemented.

5) Certified special educators will be retained to continue to meet the needs of exceptional children and to work with the regular classroom teacher. Each exceptionality will have a resource room and/or personnel to assist in facilitating mainstreaming.

6) Instructional materials, equipment and facilities must be adapted to the needs of exceptional children in the regular classroom and throughout the school (with particular attention to barrier free access and safety precautions).

7) Conference time will be allocated for planning between resource staff and "mainstream teachers."

8) Monies targeted for special education must follow exceptional students and not be diverted to other programs. Additionally there must be funding for adequate and convenient transportation for both educational and community based mainstreaming.

9) Mainstreaming should also include activities beyond the educational setting, such as recreation, university functions, and other organizations in which children traditionally participate after school hours. This should be viewed as part of the continuous process of mainstreaming which is vital to affect a change in attitudes. A community-school liaison (parents or volunteers trained to explain the child's educational program and special needs to the community-based program personnel) will provide the necessary link to make such community involvement a meaningful experience for all concerned.

ADULT MODELS

The Parent Caucus of the White House Conference on Handicapped Individuals urges the delegates to endorse the following resolutions:

That in any situation where an adult model is presented to children, especially in career counseling, handicapped adults shall be included among the adult models.

SUPPORTIVE SERVICES

The Parent Caucus of the White House Conference on Handicapped Individuals urges the delegates to endorse the following resolution:

That supportive services be provided to all families of handicapped children from the time of the child's birth or discovery of the disability in order to insure that each family unit remain as intact and healthy as possible.

These federally funded services shall include at least the following elements: respite care; group homes, apartments, and other residential alternatives; employment for the older child; trained aides in the home as well as outside the home; available counseling for parents and siblings; training of families to aid the child; and structured, accessible system of resource parents to help parents of newborn or newly diagnosed handicapped children.

NEED FOR ADEQUATE STAFFING AND FUNDING

RESOLVED that the White House Conference on Handicapped Individuals expresses to the President and to the Congress its strong insistence that existing programs and legislative mandates, as well as future ones which relate to the needs of handicapped persons be fully and adequately staffed and funded at all levels.

EXPLANATION: There are a great many services, programs, and activities which are unfulfilled because of the inadequate staffing and funding. Encouraging persons with needs to expect help from a responsive government while at the same time guaranteeing frustration and failure due to a lack of funds is cruel and indefensible. The administration and the Congress need to hear from the handicapped community that such obvious maneuvers and manipulations are recognized and will not be silently tolerated.

MENTAL HEALTH SERVICE FACILITIES

WHEREAS, the long-overdue de-institutionalization of mental hospital patients has thrust thousands of exceptional persons into communities unprepared to receive them, and

WHEREAS, psycho-social-rehabilitation facilities such as Center House of Boston, Fountain House of New York, Fellowship House of Miami and Portals House of Los Angeles are much too few in number and are woefully under financed, and

WHEREAS, community mental health residences are rare and inadequate, and

WHEREAS, vocational training and employment of such aforementioned persons in the sheltered, public and private sectors are shamefully unavailable, now therefore,

BE IT RESOLVED THAT adequate Federal funding be provided directly to non-profit mental health facilities with a proven record of service delivery and for the establishment of much needed similar facilities.

BE IT FURTHER RESOLVED THAT handicapped Ombudsman Offices be established at all levels to insure that the aforesaid be carried out with integrity and dispatch.

REGIONAL SERVICE AND RESOURCE CENTERS

WHEREAS, means of access to support services such as information, counseling, advocacy, education and training, self help skills, assessment services, vocational orientation designed to enhance employability of handicapped adults is now largely unclear to those handicapped persons, and

WHEREAS, many of the above named resources are at present perceived to be lacking, inadequate or operating in a duplicative or exclusive manner with little accountability to consumer or taxpayer, and

WHEREAS, a diversity of services presently proposed or available at the local level may not be known to handicapped persons, and

WHEREAS, many services, such as

1) adaptive driver education assessment and training
2) orientation and mobility training
3) experiential home living units for independent living skills training
4) on-the-job training and follow through
5) respite care services and facilities
6) both personal and career counseling
7) selected health and therapy services
8) certain large scale recreational and leisure time resources
9) a support system to persons responsible for the implementation of P.L. 94–142 and Section 504 of the Rehabilitation Act are too specialized to allow for effective delivery at the local level,

BE IT RESOLVED that Regional Service and Resources Centers for Handicapped Adults be created within states to encompass the utilization of all auxiliary supportive services, including volunteers, and to be staffed with knowledgeable, trained personnel who are acquainted with the functional abilities of individual work requirements and job market potentials within the region.

EVALUATION OF SERVICE AGENCIES

Mandate that all service agencies that provide service to handicapped persons at local, state, and/or federal levels and receive any amounts of tax generated funds, submit in writing specific goals and precise methods of agency service evaluation for each funding period to the funding source(s).

The system of goal-setting be mandated to include, as an integral part of the process, a method whereby each service recipient and/or their advocate participate in the goal-setting process (for *their* service goals) and development of specific, individualized program/service plans to reach those goals.

That the mandated evaluation system be based upon the degree to which each individual service/program plan has been successfully implemented.

Any service provider who provides client services under a purchase of service agreement with any agency receiving tax funds would come under the above mandate.

That all service agencies, even those who are not tax funded, be encouraged to comply with the above mandate.

Each service agency that received federal, state, and/or local tax funds whose purpose is to provide any service to handicapped persons be mandated to have a consumer based advisory council at all levels of operation (federal, state, local).

Every private non-profit organization incorporated under Federal 501 (c)(3) status whose purpose is to serve handicapped persons be mandated to have a consumer based advisory council at each operating level in order to maintain their tax exempt 501 (c)(3) status.

EVALUATION OF SERVICE DELIVERY SYSTEMS

Recommended Solution:

1) Joint evaluation (between individual service recipients and individual service providers) can effectively be accomplished by using the mandated resolution set forth in issue SPC III–7 with the additional mandate that each individual service recipient evaluation be shared with and explained to that service recipient and/or his/her advocate and the accuracy of the evaluation be ascertained by obtaining the signature of the service recipient and/or advocate.

2) Joint evaluation to achieve coordination and consistency between the various components of the service delivery system could be accomplished by mandating that the funding sources must do cross comparisons of the presented evaluations to identify gaps in the service delivery by identifying those components that are not being met in individual program plans as identified in the individual service recipient evaluations. These identified service gaps will be addressed by publishing them in both the public and private sectors and soliciting programs and service solutions to be submitted back to the funding sources who will select the best alternatives and fund them adequately.

a. There is a need to develop an on-going mechanism to evaluate service delivery systems to the handicapped and to recommend improvements.

b. Such a mechanism should take the form of federal, state and local Task Forces, periodically appointed by the respective legislative bodies and reporting back to the legislative bodies.

c. The Task Forces would be composed of at least 50% handicapped persons plus advocacy group representatives plus agency representatives (25%, 25%).

d. It is essential that the Task Forces have access to the media and that their activities will be publicized to insure consumer awareness and participation.

SERVICE DELIVERY SYSTEMS

Recommended Solution:

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a. There is a need to develop an on-going mechanism to evaluate service delivery systems to the handicapped and to recommend improvements.

b. Such a mechanism should take the form of federal, state and local Task Forces, periodically appointed by the respective legislative bodies and reporting back to the legislative bodies.

c. Such Task Forces would use the following methods for obtaining information and data:

1. interviews and survey of service clients
2. public hearings
3. consultation with advocacy groups
4. interviews with agency staff

d. The Task Forces would evaluate service delivery according to:

1. number of cases processed, number of services according to category of handicap
2. number and types of services rendered
3. services delivered compared to services needed
4. the structure of the service delivery system

e. The Task Forces would evaluate how much program staff time is spent on actual casework *vs* paperwork, and how much program money is spent on actual service delivery *vs* paperwork.

f. The Task Forces would be composed of at least 50% handicapped persons plus advocacy group representatives plus agency representatives (25%, 25%).

g. It is essential that the Task Forces have access to the media and that their activities be publicized to insure consumer awareness and participation.

h. It is important that such Task Forces are sufficiently funded so as to allow for communications, public participation and accessibility.

i. Findings and recommendations of Task Forces should be published and be made available to consumers and public to increase their awareness.

j. The chairman of the Task Force whenever possible, should be a member of that legislative body.

REFERRAL CENTERS

WHEREAS, this White House Conference on the Handicapped which has brought together all of those of us who are handicapped and our families, has been a positive move to allow all of us for the first time to inform service providers, the public, and each other of all of our unique needs, which SHOULD NOT INTERFERE WITH THE VITAL NEED FOR ALL OF US TO COME TOGETHER TO LEARN, TO SHARE, AND HELP EACH OTHER IN OUR STRUGGLE TO ESTABLISH OUR RIGHTS TO DIGNITY,

THEREFORE, BE IT RESOLVED, that the federal government mandate each state establish a coordinating body to which persons with handicapping conditions of ALL KINDS and with ALL DEGREES OF SEVERITY can turn to learn of availability of services; to be assisted in every possible way and in an immediate manner to obtain services appropriate to their unique needs. The individual who happens to be handicapped and/or his or her family when appropriate, must play a major role in determining what will be the appropriate services unique to his or her specific needs.

Every existing and every new component of service delivery systems within a state must have individuals within them, professionally trained and otherwise specifically equipped to be available to a person with a certain handicapping condition to see that the appropriate service and services are made available to meet the unique needs of that person.

GROUP HOMES FOR SEVERELY DISABLED PERSONS

WHEREAS, the establishment of group homes for severely handicapped persons has been restricted by unreasonable requirements of neighborhood polling to obtain the consent of the neighborhood, and

WHEREAS, it is in the best interest of the community at large and the consumer to mainstream severely handicapped persons in the most normalized community settings, utilizing community services;

THEREFORE BE IT RESOLVED that Federal, State and local regulations should be amended to allow twelve (12), or less severely handicapped persons who reside together, to qualify as a single family unit, and

THEREFORE no neighborhood consent should be required to locate such group homes in dispersed community settings.

COMMUNITY RESIDENCES

We propose that Congress enact legislation to develop and fund quality community residences, including construction costs, through such programs as HUD, ICF/MR, DD, IE, and that Congress enact legislation to establish and fund appropriate community-based support services of quality to assist disabled individuals to remain in their communities.

LONG TERM CARE FACILITIES

WHEREAS, it is recognized that mentally competent but physically and neurologically disabled adults are unable to take full care of themselves and require long term assistance and care, and

WHEREAS, these handicapped persons are concerned about obtaining living facilities which are designed for their physical and their mental competence, and

WHEREAS, at present most long term care facilities consist of nursing homes planned and built to accommodate the aging and a mixture of disabilities including the sick and the mentally and physically handicapped;

NOW, THEREFORE BE IT RESOLVED, THAT Workshop VII is of the opinion that the special needs of mentally alert but physically and neurologically impaired adults be recognized and that the White House Conference on Handicapped Individuals urge government funding agencies, planners, builders and administrators of long term care centers to provide such facilities exclusively for the use of these persons as an additional alternative.

INDEPENDENT LIVING REHABILITATION

BE IT RESOLVED that a special innovative program effort be made, at the Federal level and through the States, in "independent living rehabilitation" to help the handicapped who have not developed or who cannot develop the skills to live independently.

PROPER SERVICES AT REASONABLE COST

BE IT RESOLVED that we must have proper services at reasonable cost before we can use accessible living quarters.

PROMOTION OF DE-INSTITUTIONALIZATION

WHEREAS institutionalization of individuals with handicapping conditions denies the basic civil and human realization; and

WHEREAS institutionalization is the most restrictive environment; and

WHEREAS institutionalization stigmatizes, dehumanizes, and limits the exposure of individuals with handicapping conditions;

BE IT RESOLVED that state, federal, and local agencies shall promote de-institutionalization of individuals with handicapping conditions and support the human realization for all individuals by providing comprehensive local support services.

Recommendation I

Federal, state, local, and private agencies shall develop transitional programs that sensitize the public, establish architecturally accessible community living facilities, and support third party providers services including but not limited to counselling through peers and professionals, referral and outreach services.

Recommendation II

A system of comprehensive, coordinated, life span family supportive services shall be locally accessible throughout all states and U.S. territories. Such services shall include, but not be limited to peer, group, individual, and family counselling; home, residential, and respite care; crisis services; and family management training.

Methods of delivery shall include but not be limited to: toll free numbers; a centralized resource referral center; and a services referral coordinator to follow up and assess all needed community services. Federal and state governments shall establish, through public or private means, insurance for individuals with handicapping conditions and insurance to cover comprehensive family support services.

Recommendation III

It is recommended that federal, state, and U.S. territorial income tax laws shall provide for an increase in allowable deductions for health care, mental health, home care, attendants, equipment, and family support services provided to persons with handicapping conditions.

Recommendation IV

Consumers shall be involved in determining the questions to be researched, development, implementation, and evaluation of said programs.

GOALS FOR RECIPIENTS OF LONG TERM CARE

To clarify and expand this issue relative to long term care state and local governments must establish standards assuring a goal setting process for receivers of long term care. This process must at least require a team consisting of client, parent/guardian and appropriate professionals to DEVELOP goals for adequate and quality treatment, training and care; to periodically review and EVALUATE the *achievement* and *continued appropriations* of these goals.

The enforcement of these regulations and standards must become a fact. Non-compliance with regulations and standards must result in sanctions to ensure that the intent of regulations and standards will be fulfilled.

Further, that Congress make an immediate priority of adequate, timely funding to implement these regulations and standards.

QUALITY OF SERVICE DELIVERY

WHEREAS the assurance of the delivery of quality services is the subject of the various pieces of existing federal and state legislation,

NOW THEREFORE BE IT RESOLVED THAT the White House Conference Final Report stress to the President, to the Congress and to the delegates that follow-up action to be taken to

1) Implement existing legislation, such as DD Protection and Advocacy Systems,
2) design and implement appropriate evaluation systems,
3) implement individual planning where mandated, and
4) vigorously enforce existing program steps, such as the requirement for Intermediate Care Facilities for the Mentally Retarded, the Education for All Handicapped and the Rehabilitation Act of 1973 and following.

WAR ON INFIRMITY

WHEREAS, the United States and other countries by dedicated and unlimited and well-financed efforts have achieved technological advances in its space exploration program and in other areas of scientific endeavor thought impossible until recent years, and

WHEREAS, the United States and other countries have made great advances in bioengineering in recent years under circumstances which indicate that the field is a new and beginning one which is capable of duplicating and exceeding those of the space program, and

WHEREAS, it is the belief of this delegation that many great advances in the field of medical research and bioengineering remain to be achieved, and that unlimited success may be obtained in aiding the blind to see, the deaf to hear, the lame to walk, the mentally retarded to progress, and all others inflicted with disabilities to be cured or to have their conditions improved if the human and financial resources of this country are dedicated in that direction to an extent comparable to that of this nation's space program, therefore

BE IT RESOLVED that this Conference go on record as submitting as its highest priority a request to the President and the Congress to declare a war on infirmity and to direct the resources of this country, both human and financial, to the winning of that war to the same extent as it has previously so ably engineered the conquest of outer space.

ADVOCACY PROGRAMS

WHEREAS, a powerful advocacy action on behalf of, and/or conducted by handicapped consumers and their families must be established;

BE IT RESOLVED THAT advocacy programs will be established to insure that federal and state mandated services and rights of the handicapped are generally known as well as implemented for both individuals and groups, through informing both parents and professionals. Advocates may be volunteers or para-professionals directed and advised by paid professionals. Such action may include:

1) Enforcement of the Civil Rights Acts of 1976
2) Boycotts of non-barrier-free buildings
3) Inclusion of handicappers on barrier free design *ad hoc* committees as well as other committees concerned with their welfare.

EDUCATIONAL ADVOCACY TRAINING

WHEREAS, the effective implementation of the Federal Education of the Handicapped Act (P.L. 94–142) requires informed parent participation, and

WHEREAS, parents have a role in assuring quality programs for their children, and

WHEREAS, parents have input into educational decision making in the Individual Educational Program plan;

BE IT THEREFORE RESOLVED THAT Federal funding be available for educational advocacy training, i.e., legal aid systems, for parents.

OFFICE OF OMBUDSMAN

Because of the acknowledged need for advocacy and support of the handicapped in their relations with Federal service supplying agencies, and because validity and credibility are of the utmost importance in such advocacy and support, the participants in the White House Conference on the Handicapped take the position that a Federal Office of Ombudsman should be established. This Office should be totally independent of any service delivery agency with standing such as might be possible in the General Administrative Office. This Office should not be burdened with any other service responsibility.

CONTINUING CONSUMER-PARENT ADVOCATE INVOLVEMENT

WHEREAS, continuation of the impetus and action components of the White House Conference on Handicapped Individuals must now begin to move meaningfully into State and local arenas, and

WHEREAS, no known means of continuing stimulation or nurturance from the Federal level is apparently now contemplated;

BE IT RESOLVED THAT such means be developed and implemented whereby involvement, consultation, and financial assistance, as required, be provided those states who indicate their own commitment to such continuing action and consumer-parent-advocate involvement.

ADVOCACY PROGRAMS

The role of advocate within the service delivery system must be "legitimized" and recognized as an important and integral part of a comprehensive service delivery system.

The stated purpose (goal) of an advocacy component would be to assure that the human dignity, civil rights and unique, individual needs of all handicappers will be met at all times in a manner which minimizes unproductive, system oriented "red tape" and makes maximum utilization of all available resources to address individual needs.

While effective advocacy components will differ in design from one geographic and/or demographic area to another as defined by the unique needs and current resources within the areas, most advocacy components will consist of a blend of paid and trained volunteer staff.

A funding mechanism be developed through the Office of Human Development of HEW to insure adequate levels of funding for all local advocacy programs in ways that would minimize the needs to conform to pre-determined methodologies of providing advocacy services and at the same time minimize the need for local advocacy programs to seek funds from sources that the advocate program may have to directly work with while advocating for individual service recipients.

PRESIDENT'S OMBUDSMAN COUNCIL

WHEREAS, the handicapped of the United States must insure that their civil and other rights are protected at the National, State, and local levels, without regard to race, color, creed, national origin, sex, or age; and

WHEREAS, ombudsman functions include those of watchdog or oversight operations, complaint officer, disseminator of information, public service producer of specialized programs for all media, citizen and agency advocacy, maximum people's awareness, recommender of needed legislation to avoid complaints, independent critic of the bureaucratic establishment, and all these, and more, with CLOUT, able to get to the "top" levels of decision making;

BE IT RESOLVED that ombudsman offices be established at all levels for all concerns of the handicapped, with specialized training provided to insure that handicapped can themselves be employed in these offices for all community concerns, in a new career ladder;

BE IT FURTHER RESOLVED that the President of the United States immediately appoint a President's Ombudsman Council comprised of and on behalf of the handicapped so as to establish a direct channel for all handicapped concerns to the highest office.

SEXUALITY OF HANDICAPPED INDIVIDUALS

WHEREAS, the only recommendation dealing with SOC I-6 Social Concerns Workbook dealt with dissemination of information on the sexuality of handicapped persons; and

WHEREAS extensive questioning of the panelists and participants of the session revealed that in fact there is very little appropriate and/or applicable information;

NOW, THEREFORE, BE IT RESOLVED

1) National research concerning the sexuality of handicapped persons should be compiled and should include information gathered from handicapped persons;

2) This research should be widely disseminated to provide effective, viable solutions to the sex and sexuality problems and attitudes faced by disabled persons.

BE IT FURTHER RESOLVED that discriminatory legislation barring handicapped persons from voluntarily entering into a sexual relationship be immediately abolished.

ADVOCACY PROGRAMS

1) The role of advocate within the service delivery system must be "legitimized" and recognized as an important and integral part of a comprehensive service delivery system.

2) The stated purpose (goal) of an advocacy component would be to assure that the human dignity, civil rights and unique, individual needs of all handicappers will be met at all times in a manner which minimizes unproductive, system oriented "red tape" and makes maximum utilization of all available resources to address individual needs.

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CATEGORICAL FUNDING

WHEREAS, the North Carolina delegation recognizes that there has been a trend toward non-categorical funding of human service programs; and

WHEREAS, the delegation recognizes the potential for funds designated for the handicapped to be diverted to other services;

NOW, THEREFORE, BE IT RESOLVED that there be maintained the integrity in funding and in service delivery concept of categorical programs, such as vocational rehabilitation.

INDIVIDUALITY OF HANDICAPPED INDIVIDUALS

WHEREAS there is a natural human tendency to categorize society into groups of individuals according to the most apparent common denominator; and

WHEREAS the White House Conference on Handicapped Individuals is sensitive to the unique limitations imposed by specific disabilities and that the special requirements which may be appropriate to some disabilities will not be appropriate to others; and

WHEREAS the White House Conference on Handicapped Individuals is further sensitive to the real harm which has often been done to all handicapped persons by seeing "the handicapped" as a homogeneous class rather than identifying their unique needs and then providing only that assistance which is relevant;

NOW, THEREFORE, BE IT RESOLVED that the White House Conference on Handicapped Individuals adopts as fundamental premises the following:

1) The "handicapped" are individuals first and foremost and may have nothing more in common than the label "handicapped";

2) In order to offer quality assistance to persons who have disabilities, government and private agencies must first address the special needs of particular disability groups, and programs must be organized to target in on solving unique problems of particular disabilities; and

3) Society generally must cease stereotyping the handicapped; they must come to know us as people; and they must regard whatever disabilities we may have as part of our own individual sets of personal characteristics.

REVIEW OF STATE COMMITMENT LAWS

WHEREAS, current state commitment laws may be outdated and thus work against appropriate de-institutionalization;

NOW, THEREFORE, BE IT RESOLVED that all states should review CURRENT STATE COMMITMENT LAWS to expunge antiquated provisions and replace with currently acceptable practices.

EDUCATION OF DIRECTORS OF PRIVATE, NON-PROFIT CORPORATIONS

WHEREAS, the setting of policy and its implementation is the responsibility of the Board of Directors and Administrators of private, non-profit corporations, the members of those Boards of Directors should receive education concerning the needs of those they are serving and the Administrators should be certified.

SPECIAL
CONCERNS II

ENFORCING COMPLIANCE WITH EXISTING EDUCATION LAW BY CIVIL PENALTIES

WHEREAS the Congress has enacted comprehensive legislation relative to a free appropriate public education for all handicapped children; and

WHEREAS current non-compliance is punishable merely by sanctions which only reduce funding and punish the very handicapped children these laws were written to help; and

WHEREAS the U.S. Supreme Court has recognized the potential civil liability of school personnel who knowingly deny constitutional rights of students; and

WHEREAS new approaches are needed to protect the rights of handicapped students; and

NOW, THEREFORE, BE IT RESOLVED that the designated responsible agencies, i.e., the LEA and SEA, be held civilly liable for failure to carry out the educational rights of handicapped children.

ENFORCEMENT OF CIVIL RIGHTS

The following resolution states four issues that are fundamental and basic. The workshop on Civil Rights finds that these four points should be given first priority in federal action in the area of civil rights for the disabled/handicapped.

Preface 1—All of the proceeding recommendations, when dealing with the disabled or handicapped, adopt the definition of that term for section 504 as found in the Rehabilitation Act of 1973.

Preface 2—All of the proceeding recommendations specify that black, native Americans, Asian-Americans, and Hispanic-Americans disabled be included.

1) Secure adequate enforcement of Federal Civil Rights Laws for the Disabled.

a. Establish an adequate enforcement staff in DOL and DHEW and in other Federal Departments as they issue 504 Regulations. There should be a regional distribution of staff. There must be adequate staffing, at least 1,000 positions, designated to work exclusively on 504 in DHEW.

b. Such staffs must be substantially integrated by including disabled people and parents of people with disabilities and must be specifically trained.

c. Legislatively or by amending the regulations, we must require regular compliance reviews of facilities and recipients.

d. Legislate a Private Right of Action for 503 and 504.

e. Legislate the right to recover legal funds for actions under 503 and 504.

f. Amend 504 to clearly require affirmative action plans including employment goals and timetables and including provisions to prevent discrimination against subclasses of disabled people.

g. Amend 503 and 504 or the regulations to provide a specific time limit of 120 days from the date of filing on complaint resolutions by DOL and DHEW. Complaintant could go directly to court if DOL and DHEW fail to issue finding by time deadline.

h. Amend Title V to require an annual report on public efforts to enforce 501, 503, and 504 prepared by a non-executive branch source.

i. Provide technical assistance to recipients of government funds for their compliance with Title V.

j. Allow Department of Justice to bring civil suits for the enforcement of Title V of Rehabilitation Act of 1973.

2) Amend all Titles of Civil Rights Act of 1964 to

a. Include discrimination against the disabled,

b. Remove the requirement of exhaustion of administrative remedies, and

c. Add a Title dealing with discrimination against the institutionalized disabled.

3) Establish and fund a legal services network to enforce the civil rights of disabled.

4) Demand that the Federal Government hire representative members of people with substantial disabilities by rigorously carrying out Section 501 of the Rehabilitation Act.

a. Press the administration to assign and introduce a bill to assign responsibility for monitoring federal compliance with 501 to an office outside the Civil Service Commission staffed with a majority of employees with disabilities. Such a commission should be given authority for proper sanctions against agencies that do not respond.

b. Require all federal agencies to establish employment goals and time-tables for the disabled.

5) Request President Carter to accomplish each of the first four recommendations by July 4, 1977 or publicly proclaim a time-table for the accomplishment of these recommendations.

LEGAL SERVICES FOR HANDICAPPED INDIVIDUALS

That for the purpose of providing adequate legal representation to handicapped persons, the Rehabilitation Act of 1973 be amended to include legal services for handicapped persons; such services to specifically include:

1) Funding for legal services programs at state and local levels with back-up centers at the regional level,

2) Attorneys' fees for legal actions and administrative hearings in cases affecting handicapped persons, and

3) The development of educational and training programs for attorneys, law students, and consumers.

PARENT ADVOCACY OF CIVIL RIGHTS

The Parent Caucus of the White House Conference on Handicapped Individuals urges the delegates to endorse the following resolution:

This Conference urges full implementation and enforcement of the federal civil rights mandates, Sec. 504 of the Vocational Rehabilitation Act of 1973, and P.L. 94–142. Because full implementation, especially of P.L. 94–142, requires widespread dissemination of information to parents, we urge that funding be provided by the Bureau of Education for the Handicapped, by the Developmental Disabilities Office, and any other appropriate federal agencies, to train parent advocates who may then use their experience and commitment to help other parents secure the rights their children are entitled to at minimal financial cost to parents.

ACCESSIBILITY OF PUBLIC TELEPHONES

In order to satisfy the communication needs of all individuals, particularly those who are handicapped, be it resolved that:

Federal and state governments shall enact legislation, and the Federal Communications Commission shall issue requirements, to insure the accessibility of public telephones to all handicapped individuals. The means for doing so *must include* (but not be restricted to) the following:

1) Telephones must have built-in amplification devices.

2) Telephones must be compatible with all hearing aids which can pick up sound via magnetic induction. All private telephones must also have this compatibility.

3) TTY's and outlets for portable TTY machines must be available.

4) Braille and/or tactile numerals at least one-half inch in height and one-eighth inch raise from the surface must be available. Telephone instructions and/or information must also be available in Braille.

5) Telephones should be within easy reach of all persons, including those in wheelchairs and small people.

6) TTY's must be available in telephone companies' business offices and operators should be instructed in the operation of TTY machines.

INCLUSION OF AMERICAN SIGN LANGUAGE AND BRAILLE IN COLLEGE CURRICULA

WHEREAS, there are more than 13.5 million hearing-impaired American citizens and a significant number of sight-impaired American citizens, and

WHEREAS, the hearing-impaired and sight-impaired citizens of America believe that they are entitled to the full benefits of total communication with their peers, and

WHEREAS, foreign languages are offered as a part of the curriculum in the colleges and universities of America;

THEREFORE BE IT RESOLVED that all universities and colleges in America receiving Federal monies be required to offer American Sign Language and Braille as a part of their curriculum by September 1979.

SIGN LANGUAGE TRAINING IN SCHOOLS

Recognizing that physical and architectural barriers are not the only barriers that exclude handicapped children from full participation and integration into the educational system, and recognizing that many hearing impaired or deaf children are faced with significant communication barriers, it is imperative that steps be taken by the Federal Government, the State Educational Agencies and the educational institutions of higher learning to initiate special communication training (i.e., Sign Language) during the first years of schooling and then offered *for credit* in secondary schools or even higher level institutions, and that it be offered as a language, meeting whatever language entrance requirements a college or university may require.

MAINSTREAMING FOR PRESCHOOL BLIND CHILDREN

We advocate the principle of mainstreaming and/or "the least restrictive alternative" provided that it gives full consideration to the unique needs that a visual handicap imposes on the child, the family, and the educator.

We believe:

1) The most influential factor in the child's growth and development is the family.

2) All services and programs for the child must be designed to give support, confidence, and comfort to an optimal parent-child relationship.

3) All services and assistance must be frequent and on-going, taking into account the family values, needs, and preferences.

4) Comprehensive services should be made available to visually handicapped children and their families as soon as the visual impairment is recognized and/or diagnosed.

5) All these services and programs should be individualized and designed to meet the global needs of the child.

6) The major focus of activities for the preschool handicapped child should be "life learnings" in order to enhance his cognitive, social, and emotional development.

7) The visually handicapped child must be assured the services of specialists, appropriately trained in the education of visually handicapped children, and in the processes of evaluation, planning, and placement.

8) The medical community should be included as a partner in comprehensive services for the visually impaired child.

9) Institutions and programs for the training of teachers of the visually handicapped should recognize early child development and preschool services as a part of their training programs for professional personnel.

We recognize the increase of visually handicapped children with additional impairments and advocate that the same principles apply to this unique group within the visually handicapped population.

COPYRIGHT CLEARANCE

BE IT RESOLVED, that federal legislation be enacted that will *require* all authors or publishers to give copyright clearance for any printed materials which have been published for the sighted, for republication into braille, large print or any recorded form.

NEEDS AND CONCERNS OF MENTALLY HANDICAPPED PERSONS

BE IT RESOLVED, that

1) Job discrimination and discriminatory employment practices against persons solely on the basis that they sought psychiatric treatment to be unlawful,

2) The zoning barriers which preclude mentally retarded persons from being able to live in their own communities be unlawful,

3) The deinstitutionalization of mentally handicapped persons become a reality and that the state institutions which do not provide humane care and do little more than warehouse persons be legally banned, and

4) Community programs that promote the well being of mentally handicapped persons be mandated to be established in the immediate future.

NEEDS OF MENTALLY HANDICAPPED PERSONS

For the purpose of emphasizing the needs and concerns of mentally handicapped persons at the first White House Conference on Handicapped Individuals.

WHEREAS, although mentally handicapped persons (those persons with emotional problems and those persons who are mentally retarded) represent a large percentage of the population, they are often unheard and unseen, and

WHEREAS, the Maryland Delegation recognizes four major issues impacting on mentally handicapped persons which should be emphasized at the White House Conference on Handicapped Individuals:

1) Persons who receive psychiatric treatment are often precluded from equal access to the job market because of mental illness.

2) Handicapped children continue to be denied free and appropriate educational programs despite existing legal mandates.

3) Mentally retarded persons are denied their inherent right to live in their own neighborhood when group homes for mentally retarded persons are not considered permitted uses in all areas.

4) Thousands of mentally handicapped persons continue to be warehoused in state institutions where they receive less than humane care, and

THEREFORE BE IT FURTHER RESOLVED, by the Maryland Delegation to the White House Conference, that this body vote for recommendations that address solutions to these critical issues, and be it further

RESOLVED, that job discrimination and discriminatory employment practices against persons solely on the basis that they sought psychiatric treatment be unlawful, and be it further

RESOLVED, that right to education court decisions and legislation be fully implemented and enforced and that the right to education for all handicapped children continue to be emphasized, and be it further

RESOLVED, that zoning barriers which preclude mentally retarded persons from being able to live in their own communities be unlawful, and be it further

RESOLVED, that the de-institutionalization of mentally handicapped persons become a reality and that the state institutions which do not provide humane care and do little more than warehouse persons be legally banned, and be it further

RESOLVED, that community programs that promote the well being of mentally handicapped persons be mandated and that they be established in the immediate future, and be it further

RESOLVED, that the Maryland Delegation encourage all Delegations to the White House Conference on Handicapped Individuals to support this Resolution and include this Resolution in the report from the White House Conference on Handicapped Individuals.

AVAILABILITY OF SPANISH INTERPRETERS

The Spanish speaking caucus, propose that in all information and emergency centers in the United States there should be interpreters for the minority Spanish speaking people, for any help they might need.

OUTREACH TO NON-WHITE HANDICAPPED PERSONS

That a strategy of affirmative action be taken to assure that appropriate resources are deployed to assure adequate outreach and identification of non-white handicapped individuals.

1980 CENSUS

That the 1980 Census incorporate a plan for gathering statistical information regarding the incidence of handicapping conditions and specifically provide for a categorical breakdown of the various non-white population subgroups therein; For example Asian subgroups should be defined by national or cultural origins (Chinese, Japanese, Koreans, Vietnamese, Filipino, etc.)

NEEDS OF HANDICAPPED AMERICAN INDIAN

WHEREAS, the needs of handicapped American Indians are as great, or greater, than the needs of other handicapped Americans, and

WHEREAS, the American Indians have been excluded from programs provided by the Federal Government for other handicapped Americans because no specific authorization has been given to the Bureau of Indian Affairs and Indian Health Service to provide such services for their handicapped constituents, and

WHEREAS, American Indians are eligible for handicapped programs services from the various states, these services have not been available for most American Indians because of jurisdictional problems arising from the special and unique relationship of American Indians with the United States Government, resulting in exclusion of American Indians from *fully* participating in many state sponsored handicapped programs, and

WHEREAS, handicapped Indians will continue to receive no services or only fragments of token state services unless the Bureau of Indian Affairs and the Indian Health Service are mandated by legislation to provide full services to the handicapped equal to those of the various states and allotted sufficient funds to carry out services, and

NOW THEREFORE BE IT RESOLVED, by the White House Conference on the Handicapped that the President and the Congress of the United States enact legislation that will authorize and mandate the Bureau of Indian Affairs and Indian Health Service to provide for sufficient funds to complete a comprehensive needs assessment that will determine the extent of the needs amount the handicapped American Indians. This needs assessment must be completed within the next fiscal year.

BE IT FURTHER RESOLVED, that programs and services for handicapped American Indians equal to those provided other handicapped Americans, and further that sufficient funds be appropriated for planning, hiring of personnel, establishing and administrative unit, delivery of services, research, and evaluation, and other pertinent services and programs.

PARTICIPATION OF HANDICAPPED NATIVE AMERICANS

Recommending that special needs and problems of Native Americans be addressed by the National White House Conference on Handicapped Individuals.

WHEREAS:

1) Disabled Native Americans have unique language, cultural, transportation, and other barriers that limit accessiblity to services that would assist them to overcome handicapping conditions, and

2) Programs for disabled Native Americans are generally administered by states, whereby there is little or no Indian control of the kind, quantity, or quality of rehabilitative and other services available to them, and

3) Indian tribes have expressed their desire to administer directly programs of services for the benefit of their own people, and

4) Educational programs for Native American handicapped children need culturally relevant training materials and curricula, and

personnel of appropriate Indian descent to staff and administer them, and

5) The level of health care available through the Indian Health Services of the U.S. Public Health Service is grossly inadequate, such that needed medical services, such as attendant care in lieu of hospitalization (or nursing home care) and other basic medical services are not available to disabled persons, and

6) Disabled Native Americans are not involved to the extent desirable in planning and administering services for their benefit, and

7) A special effort, including the appropriation of new funds, is needed to insure that disabled Native Americans residing in remote rural areas as well as urban areas have access to public housing, public transportation, and services to assist them in achieving a maximum level of independence.

NOW THEREFORE BE IT RESOLVED THAT:

1) The Arizona White House Conference supports the concepts of Indian "self-determination" and direct Federal funding to Indian Tribes for all programs of services to handicapped individuals.

2) The Bureau of Indian Affairs and other administrators of educational programs for Native American handicapped children should be required to take affirmative action to insure the fullest possible Native American participation in the administration and staffing of these programs.

3) Health services delivered through the Indian Health Service of the U.S. Public Health Service should be fully funded at a level that provides for basic services such as attendant care, prosthetic devices, diagnosis and followup, and physical rehabilitation.

4) Legislative or administrative action should be taken to insure the full participation of disabled Native Americans in the planning and administration of programs for their benefit.

5) A special effort should be made through legislative action to insure that disabled Native Americans have adequate housing, transportation, and other services to assist them to achieve a maximum level of independence.

DISCREET HANDICAPS

WHEREAS, there are individuals with hidden disabilities, and

WHEREAS, the needs of these individuals with hidden disabilities have not been addressed at Workshop IV;

THEREFORE BE IT RESOLVED THAT the Social Concern Workshop IV recommends that the "discreet handicapped" be included in mainstreaming as far as providing services and facilities necessary to permit said handicapped persons to live their lives to the fullest potential possible.

HIDDEN HANDICAPS

WHEREAS, the White House Conference on Handicapped Individuals is designed to consider the needs of all United States citizens affected by handicapping conditions, and

WHEREAS, the Conference is described as addressing "the aspirations, abilities and problems of physically and mentally disabled Americans of all ages. . . .", and

WHEREAS, the classifications "physically" and "mentally" have created some uncertainty and confusion among the conference delegates, particularly as those terms relate to neurological impairments such as epilepsy, autism, and certain communicative disorders, and

WHEREAS, these impairments are not necessarily obvious or readily apparent and therefore may be considered "hidden handicaps," and

WHEREAS, under the general classifications of "physically and mentally disabled," other hidden handicaps such as cystic fibrosis, diabetes, neoplastic diseases and other handicapping medical disorders are included as physical disabilities, and

WHEREAS, this fact requires clarification and emphasis, since public opinion generally perceives of physically handicapped individuals as persons who have orthopedic impairments or other obvious handicapping conditions;

NOW, THEREFORE BE IT RESOLVED, that the White House Conference on Handicapped Individuals reaffirms and emphasizes that neurological impairments and other handicapping medical disorders are considered to be physical handicaps under the classifications used at the White House Conference on Handicapped Individuals, and

BE IT FURTHER RESOLVED, that the White House Conference on Handicapped Individuals is of the opinion that the undiscernible or "hidden handicaps" should receive equitable consideration and emphasis throughout the deliberations of this Conference by all workshops, caucuses, delegations and sessions, and that the final report reflect their deliberations, to ensure that the needs of persons disabled by these conditions are not overlooked in resultant planning and services for the handicapped in the United States of America, and

BE IT FINALLY RESOLVED, that the substance of this resolution be included in the final report of this Conference to be submitted to the President and the United States Congress, and also in the implementation plan of the White House Conference.

GYNECOLOGICAL CARE FOR DISABLED WOMEN

WHEREAS, disabled women have the right to the same high quality of gynecological and obstetrics services that other women are demanding, and

WHEREAS, medical training programs rarely offer training that covers the special needs of women with disabilities, and

WHEREAS, the general barriers to gynecological care for disabled women are a lack of training, sensitivity and information within the medical profession and a lack of experience relating to disabled women; the Disabled Women's Caucus offers the following recommendations related to gynecological care:

1) Hospitals and Planned Parenthood facilities shall be forced to comply with Section 504 regulations regarding accessibility to all women with disabilities. Enforcement shall be rigorous.

2) Training programs for medical professionals shall include basic information on and sensitization to disabilities and the special needs of disabled women.

3) Disabled women shall not be dismissed from institutional care on the basis of their sexual activities.

4) Pharmaceutical companies shall provide warnings on medication in braille.

5) Drug information presented in program form should include captioned visual and braille materials.

6) Medicaid/Medicare shall cover interpreter expenses for medical visits.

7) Medicaid/Medicare shall cover attendant care for medical visits.

8) Information on birth control shall be available in braille and visual media shall be captioned.

9) Medical professionals shall be sensitized to the fact that disabled women have the right to make *informed* decisions as to their chosen method of birth control.

10) Medical professionals shall be informed of the medical implications of specific methods of birth control regarding women with disabilities.

11) Women with disabilities shall have the right to *receive* and *refuse* abortions and to make informed decisions about their bodies.

GYNECOLOGICAL SERVICES FOR DISABLED WOMEN

WHEREAS, gynecological services for women with disabilities are not regulated or supervised by any common body, the Disabled Women's Caucus offers the following recommendations:

1) Legal criteria shall be established and a Model Code developed and disseminated regarding sterilization, mental competency and informed consent of women with disabilities.

2) State Division of Vocational Rehabilitation programs shall provide for sex counseling and related gynecological services as a *regular health service* to all women with disabilities.

3) Outreach gynecological services to rural areas should be developed and funding of mobile units for this purpose should be encouraged.

4) Research efforts shall be developed in the areas of both medical and psychosocial aspects of gynecological care and sexual health for women with disabilities and funding shall be strongly encouraged in this regard.

SEXUALITY OF DISABLED WOMEN

1) As the handicapped are mainstreamed into the public school system, they shall be given equal access to sex education, i.e., interpreters for the deaf, alternatives to visual presentations for the blind, etc.

2) All institutionalized handicapped persons shall be given sex education and counseling in order to achieve their full potential for growth and development.

3) Where there is a sex education/sex counseling curriculum, the special problems of the disabled should be included,

4) In the field of rehabilitation, all staff should be trained to be able to deal with all aspects of handicapped persons, including their sexuality.

UNIQUE NEEDS OF HANDICAPPED IN THE TRUST TERRITORY OF THE PACIFIC ISLANDS

WHEREAS the United Nations, through the trusteeship agreement, gave the United States the mandate to govern, and to promote the welfare of the peoples of the Trust Territory of the Pacific Islands, otherwise known as Micronesia;

WHEREAS the Trust Territory of the Pacific Islands (Micronesia) is very different culturally, geographically and linguistically from the rest of the territories and the 50 States;

WHEREAS the Trust Territory of the Pacific Islands is a developing area with many unique problems and needs;

WHEREAS the Trust Territory of the Pacific Islands has a tremendous transportation problem due to the vast expanse of water over which its 2,100 islands and islets are spread (over 3,000,000 square miles);

WHEREAS Stateside standards (technological or otherwise) are not comparable with those of the Trust Territory of the Pacific Islands;

WHEREAS the federal funds given to the Trust Territory of the Pacific Islands are intended to help it, and in particular to help its handicapped and disadvantaged populations;

WHEREAS these helping funds are disbursed under strict blanket rules and regulations which often do not apply to the local conditions in the Trust Territory of the Pacific Islands;

WHEREAS the rigidity and inapplicability of these rules and regulations frequently hinder the progress and success of these programs in the Trust Territory of the Pacific Islands, and;

WHEREAS the above conditions apply equally to the U.S. Territory of Guam;

BE IT THEREFORE RESOLVED BY THE WHITE HOUSE CONFERENCE ON HANDICAPPED INDIVIDUALS THAT in recognition of these unique differences and needs, specific provisions in new legislations and special sections in new and proposed rules and regulations should be made for the Trust Territory of the Pacific Islands and other U.S. territories and;

BE IT FURTHER RESOLVED BY THE WHITE HOUSE CONFERENCE ON HANDICAPPED INDIVIDUALS THAT in order to maximize the worth of federal funds, some leniency in existing legislations and established rules and regulations should be given to the Trust Territory of the Pacific Islands and other U.S. Territories.

DISCONTINUANCE OF VETERANS' PREFERENCES

Since entry into the Armed Forces is now voluntary and very discriminating towards handicapped applicants, "Veteran's Preference" across the board (Federal, State, and local) is not appropriate and should be discontinued (or at least not expanded).

MISCELLANEOUS

ENFORCEMENT OF STANDARDS FOR LONG TERM CARE FACILITIES

WHEREAS many of our sisters and brothers and members are now in nursing homes and adult care homes, family care homes and these homes are now not kept up to a humane standard of care, treatment, and no thought is given in them to training for the future or to the mind and intelligence of the handicapper, and

WHEREAS civil rights to all handicappers on a federal level and to our mentally ill sisters and brothers on a State level is lacking, and

WHEREAS we need more follow up and help for handicappers as they leave these nursing homes and hospitals, through proper housing, attendant care, getting jobs, going to school, with family concerns, perhaps counselling or otherwise guidance in civil rights complaints and protection,

THEREFORE BE IT RESOLVED that (*Michigan Area/NAPH* and *Concerned Citizens for Mental Health*) go on record as being in favor of keeping nursing homes, adult group and family care homes, and hospitals up to a humane standard of care, treatment, and proper staff/patient ratio so that training or proper interest in the mind and intelligence of the handicapper can be maintained, and that the standards for these homes be raised, and maintained on a reasonable level, and be it further

RESOLVED that (*Michigan Area/NAPH* and *Concerned Citizens for Mental Health*) go on record as being in favor of a full amendment to the 1964 Federal Civil Rights Act for all handicappers, and an amendment to P.A. 220, 1976 of Michigan for our sisters and brothers who are mentally ill, and be it further

RESOLVED that (*Michigan Area/NAPH* and *Concerned Citizens for Mental Health*) go on record for more follow up and help for handicappers as they leave nursing homes, hospitals, adult group and family care homes through concern for proper housing, help in getting jobs or going to school, help with family concerns and problems, help with counselling, or help in processing civil rights complaints, and any further civil rights protestion as needed in the future.

TIMELY PROVISION OF MATERIALS FOR VISUALLY DISABLED PERSONS

Because we are the people who had the responsibility for organizing and producing a White House Conference on Handicapped Individuals (WHCHI) in each of the 56 States and territories;

Because we understand the problems involved in such a task multiplied by our numbers for one grand WHCHI in Washington, D.C.;

Because we believe that an effort was made in the last weeks to make this conference more democratic, and

Because we understand and are pledged to provide for the needs of all of our disabled colleagues at homes and believed that the National Planning and Advisory Council and White House Conference staff were pledged to do the same,

We *deplore* the lack of consideration on the part of the national planners for those WHCHI participants with sensory handicaps—especially the visually disabled—in that they failed to provide for the production and duplication of materials generated during this event until the very last minutes of said meeting;

WE RESOLVE that we will neither endorse nor condone any future conference generating from this WHCHI which does not provide for those needs, and we demand that a formal apology be made to those with sensory disabilities by the Executive Director of the WHCHI.

COMMENDATION OF WEST VIRGINIA SUNSHINE DANCERS

WHEREAS The White House Conference on Handicapped Individuals meeting in Washington, D.C. on May 23-27, 1977 has received a ray of sunshine, brightening the shadows of a long working conference;

WHEREAS the aforementioned "ray of Sunshine" was focused on the Conference by the delightful and refreshing talents of a group of young people from the Shawkey Elementary School, Kanawa County, known as the West Virginia Sunshine Dancers;

WHEREAS the Delegates to the Conference, Alternate Delegates, Aids, Observers, and all who were entertained and inspired by the creative and skilled accomplishments of the West Virginia Sunshine Dancers are impressed by the high State of the Art attained by our young friends;

THEREFORE BE IT RESOLVED: The members of the West Virginia Delegation, individually and collectively wish to express their deepest appreciation for the bright interlude introduced into the Conference program by the West Virginia Sunshine Dancers by adopting this Resolution on the 26th day of May, 1977.

COMMENDATION OF CARTER ADMINISTRATION

BE IT RESOLVED that we the Delegates to the White House Conference on Handicapped Individuals commend the Carter Administration for their leadership in expressing a genuine concern for handicapped persons and their families, specifically to the DHEW for the strength of the 504 regulations adopted and the expressed commitment to its provisions, and to the DOT for developing imaginative and innovative transportation systems and facilities.

It is our conviction that the link established between the Carter Administration and the handicapped will result in substantive development of our lives and in even greater future contributions to our Nation.

COMMENDATION OF INTERPRETERS FOR THE DEAF

WHEREAS the inability to communicate is the specific handicapping factor of deafness; and

WHEREAS we are gathered for a conference of all handicapped persons; and

WHEREAS the deaf would have been effectively excluded from participation without alternate methods of communication,

THEREFORE BE IT RESOLVED this 26th day of May 1977 in the city of Washington, D.C. that the WHCHI recognize and commend the interpreters for the deaf for their many hours of unfaltering inspiration, sensitivity and dedication throughout this conference.

GENERAL COMMENDATION

WHEREAS the delegates representing Alabama are proud to represent and speak for the handicapped citizens of Alabama; and

WHEREAS we as delegates and alternates, realize that through the mechanics of the White House Conference on Handicapped Individuals we were afforded a vehicle and forum to ventilate the needs and concerns of all handicapped citizens; and

WHEREAS as mature individuals we realize that in any meeting of so many different interest areas and concerns there will be difficulty in reaching consensus; and

WHEREAS through the cooperation of willful people and concerned professionals, consumers, observers, and staff personnel, a major precedence has been set and the concerns and needs of all America's handicapped now have become visible to all America;

NOW THEREFORE BE IT RESOLVED THAT the Alabama Delegation confers praise and appreciation to the President, the Congress, and the White House Conference on Handicapped Individuals Staff for their interest, support and understanding.

EXPRESSION OF UNITY AND SUPPORT OF THE WHITE HOUSE CONFERENCE

WHEREAS we who have been chosen by our respective states are here to bring attention to and resolve the problems and difficulties of all handicapped American people, whatever their ethnic background, religion, or disabilities, and

WHEREAS we desire to fulfill that vital function;

BE IT RESOLVED

1) that we here support the White House Conference and its goals, and the spirit in which it was created;

2) that we reinforce our intention and desire to work together for the common good of all handicapped people and express again our commitment to work with our lawmakers and each other for that common good;

3) that we recognize that no conference can meet all the needs to which it addresses itself, but feel the White House Conference on Handicapped Individuals to be satisfactorily fulfilling its highest potential;

4) that we strongly disagree with those delegates who are dividing into "splinter groups" and feel that their actions are detrimental to the Conference and its purposes; and

5) We feel delegates wearing the "I'm dissatisfied with this Conference" badges are attempting "to turn this Conference into a hollow parade," and if successful will "leave the handicapped worse off than before."

COMMENDATION OF THE PRESIDENT

WHEREAS the most powerful position of leadership in the drive for human rights is the Presidency of the United States and,

WHEREAS the most positive type of leadership is by example;

NOW THEREFORE, BE IT RESOLVED that President Carter is to be commended for the demonstration of his personal commitment in the concerns of handicapped persons, such as his magnificent address to the White House Conference; and

BE IT FURTHER RESOLVED that the Nation would be greatly served by the President continuing to set a personal example by doing such things as:

1) making sure that qualified persons with handicaps are employed in responsible positions on the White House staff

2) by declining to make public addresses in facilities which are inaccessible to handicapped persons, just as he would refuse to make an address in a place that barred racial or religious minorities, or women, and

3) using an interpreter for the deaf at all times when he makes a public address, even when it might not be expected that deaf persons are in attendance.

We, the delegates, alternates and other participants in the White House Conference on Handicapped Individuals, believe that two (2) steps must be taken to ensure appropriate attention to the implementation of the Conference Recommendations. We cannot emphasize too strongly the importance of coordinated, effective articulation of our recommendations. To accomplish this, we urge the following two (2) steps be taken:

1) Include State Directors in the preparation of the final conference report. This should include the opportunity to comment on the nature and form of the report and the opportunity to comment on the report itself in a manner similar to the adoption of federal regulations.

2) Provide for coordinated implementation through federal funding of a White House Conference on Handicapped Individuals Implementation committee, specifically charged with monitoring and promoting conference recommendations. The Committee should reflect the nationwide, grassroots nature of the conference through 50% or greater composition by State Directors, or their designees who attended the White House Conference on Handicapped Individuals.

PRESIDENTIAL SPOKESMAN ON HANDICAPPED

BE IT RESOLVED that a high level, highly visible individual should be appointed, reporting directly to the President, to speak for the President with a high degree of authority to government agencies and the public on issues related to handicapped persons and who would make recommendations to the President on such issues. The sole responsibility of such person should be affairs related to handicapped persons and he or she should be independent of any existing agency or department.

CONTINUATION OF WHITE HOUSE CONFERENCES

WHEREAS the White House Conference on Handicapped Individuals has provided an extraordinary opportunity for citizens with and interested in various types of disabilities to come together, discuss and make specific recommendations on issues of common concern and;

WHEREAS many handicapped persons and those with an interest in handicapped persons have felt that the White House Conference has provided them, often for the first time, with an opportunity to participate in the political process;

NOW BE IT RESOLVED that legislation should be enacted to continue the National White House Conference on Handicapped Individuals at three year intervals and local and state conferences on an annual basis.

SECOND WHITE HOUSE CONFERENCE

WHEREAS the success of this conference shall be determined on our abilities to have the adopted recommendations implemented, and

WHEREAS we, the consumer, must assume the responsibility of getting the adopted recommendations implemented, and

WHEREAS the passing of time may cause some of the adopted recommendations to be of little or no value, and

WHEREAS it is necessary for us, the handicapped, to keep pace with the times,

NOW THEREFORE BE IT RESOLVED that we, the delegates to the First White House Conference on the Handicapped, in general meeting assembled this 24th day of May, 1977 at Washington, D.C., do hereby request that the members of the 95th Congress enact legislation requiring that a Second White House Conference on the Handicapped be held within but not later than a ten year period after the adjournment of this conference on the handicapped for the purpose of:

1) evaluating the degree of implementation of the conference's recommendations and;

2) for reassessing the current needs of the handicapped individuals and;

3) to continue recommendations so all the 1977 Conference's goals can be met,

BE IT FURTHER RESOLVED that the executive director of this conference mail a copy of this resolution to each member of the 95th Congress and to the President of the United States.

TERMINOLOGY

WHEREAS the White House Conference on Handicapped Individuals was authorized by Public Law 93-516, the Vocational Rehabilitation Act of 1973, as amended in 1974, and in Title III of the Act it is declared:

> "It is of critical importance to this Nation that equality of opportunity, equal access to all aspects of society and equal rights guaranteed by the Constitution of the United States be provided to all individuals with handicaps"; and

WHEREAS the mission of the White House Conference is comprised of three goals:

- to provide a national assessment of problems and potentials of individuals with mental or physical handicaps;
- to generate a national awareness of these problems and potentials; and
- to make recommendations to the President and Congress which, if implemented, will enable individuals with handicaps to live their lives independently, with dignity and with full participation in community life to the greatest degree possible, and

WHEREAS the phrase "individuals with handicaps" has been stressed throughout the Act and all official publications concerning the White House Conference; and

WHEREAS individuals with handicaps are individuals/persons first and secondarily have a handicap/disability; and

WHEREAS the term "handicap" in society has a negative connotation implying a disadvantage that makes achievement unusually difficult; and

WHEREAS the term "disability" in society has a less negative connotation implying a restriction; and

WHEREAS individuals with disabilities, as stated throughout the White House Conference, are handicapped by society and not by their individual disabilities; and

WHEREAS individuals with disabilities have more potentials and the majority of the individual's problems are caused by societal barriers to achievement and not by the individual's disabilities.

NOW, THEREFORE, BE IT RESOLVED that the White House Conference on Handicapped Individuals, with support from its staff, its National Planning and Advisory Council, all White House Conference State Directors and all State White House Conference Delegations, in order to assure the opportunities, equal access and equal rights of all individuals with disabilities, as stated in Title III of the Act, and to assure the goals of the Conference on behalf of these individuals, that in all reports of the White House Conference to the President, the Congress, the White House Conference Participants, media and other interested parties, the negative terminology previously used in all official publications concerning the White House Conference (including the issues and recommendations) be modified in order to enhance the intent and purposes of the White House Conference as follows:

1) That the term "individuals with disabilities" be used in place of "handicapped individuals" so as to emphasize that each individual is a person first and secondarily has a disability, and in all instances where the adjective "handicapped" or a specific disability is placed before the person (i.e., adults, children) be modified to place the term "person" first; and

2) That terminology such as "potentials and problems" and "capabilities and needs" be used in place of the negative terminology presently used in order to enhance a positive self-image of individuals with disabilities and to enhance society's perception of individuals with disabilities; and

3) That terminology such as "a condition which is disabling", "societal limitations on persons with disabilities", "individuals with strokes" and "lobby for individuals with disabilities" should be used in place of all terminology presently used to eliminate the negative connotations and conceptions surrounding individuals with disabilities.

INCLUSION OF DEAF-BLIND

WHEREAS deaf-blind individuals are entitled to the same services, rights and benefits as all other citizens,

WHEREAS deaf-blind persons have unique communication problems and unique mobility problems,

WHEREAS the unique problems of deaf blind persons are not adequately addressed by solutions of issues concerning deaf individuals or blind individuals,

THEREFORE, BE IT RESOLVED that in order to provide equivalent service where appropriate, all recommendations and solutions containing the word "deaf" and/or the word "blind" be hereby amended to add the hyphenated word "deaf-blind".

EXCLUSION OF ALCOHOLISM AND DRUG ABUSE FROM HANDICAPPING CONDITIONS

RESOLVED that the South Dakota White House Conference on Handicapped Individuals delegation requests that for all intents and purposes in considering the definition of HANDICAPPED that alcoholism and drug abuse be excluded from the classification of handicapping condition.

WHEREAS individuals having alcohol related problems have created this problem by means of their own determination and individuals having drug related problems have created this problems by means of their own determination. Furthermore, that other non-related federal agencies recognize and administer the program for alcoholism and drug abuse. Furthermore chemical dependence traditionally has not been included in the definition of handicapped.

THEREFORE BE IT RESOLVED that alcoholism and drug abuse are self-inflicted conditions which should not be considered in the definition of HANDICAPPED for White House Conference on Handicapped Individuals or any legislation forthcoming from the White House Conference on Handicapped Individuals.

PARENT PARTICIPATION

WHEREAS parent and/or guardians of handicapped persons have unique needs and concerns which have not been effectively dealt with at the White House Conference, and

WHEREAS parents and/or guardians often act as one of the most effective advocates of the handicapped, and

WHEREAS the success of the White House Conference will depend in part on the support and implementation of the parent and/or guardian,

NOW THEREFORE BE IT RESOLVED:

1) The Advisory Council which prepares the final report of the White House Conference should have parent participation as required by the membership rules; and

2) Federal grants be awarded to develop programs to improve parent counseling, advocacy training, and parent/professional communications; and

3) A National Parent and/or Guardian of the Handicapped Advisory Council be established and federally funded to review all legislation and programs dealing with the handicapped and advocate civil rights for all handicaps; and

BE IT FURTHER RESOLVED that all programs dealing with the handicapped place emphasis on all aspects of the family unit as an effective way of dealing with all handicapping conditions.

RELIGION AND HANDICAPPED INDIVIDUALS

Recognizing this nation's concern with basic Human Rights, the White House Conference supports the right of persons with disabilities to determine the role of religion in their lives.

Noting the concern regarding religion and the handicapped expressed by the Ad Hoc Committee on Religion and by Chairman Henry Viscardi, Jr. of the White House Conference and by many delegates, consultants and observers;

Applauding those attempts by religion and religious organizations to initiate programs which help to take handicapped people into the mainstream of religious life and leadership;

Deploring the many ways religion and religious institutions have marginalized the handicapped, seeing them as objects of pity and mission only, failing to see them as participating members of the whole family of God;

Now, therefore, the White House Conference calls upon religion and religious organizations to fulfill the following integrative tasks:

1) integrate persons with handicaps into active participation of church and synagogue life at all levels,

2) aggressively recruit persons with handicaps into the leadership (clergy, church committees, synagogue boards, parish councils and so forth) at all levels of religious organizational life,

3) be mindful of and immediately begin national and local congregational programs to overcome architectural barriers in church and synagogue buildings;

4) initiate programs aimed at overcoming attitudinal barriers toward the handicapped,

5) begin training programs (including those for various modes of communication with the deaf, blind, deaf-blind, and developmentally disabled) clergy and those involved in religious ministry to and with persons with disabilities,

6) include disabled ethnic minorities within religious groups,

7) begin training programs for clergy with emphasis on psychological and pastoral services for handicapped individuals and their families.

7) promote quality of life for handicapped people, particularly in housing,

8) develop religiously based curricula concerning handicapped individuals for children up through family levels,

9) ask those involved in religious ministry to spend a day in a wheelchair, to wear a blindfold, to use crutches, in order to leave the problems of the physically handicapped,

10) develop theologies sensitive to the universality of disability,

11) continue to extend the community of God to those who cannot be mainstreamed or deinstitutionalized,

12) become advocates with persons with disabilities in their struggle for full civil rights,

13) develop service programs (group study, transportation, counseling, genetic counseling) helpful to disabled persons and their families.

BE IT FURTHER RESOLVED that all organizations (secular as well as religious) of, for and working with persons with disabilities shall insure their fundamental Human Right to express and to benefit from a religious dimension to their lives.

COMPILATION OF LAWS & POLICIES IN EFFECT IN OTHER COUNTRIES

WHEREAS effective and proven law, regulations and policies concerning the rights, opportunities and services for handicapped individuals have been enacted in a number of foreign countries and,

WHEREAS an awareness of the success of such laws, regulations and policies by the Executive Branch and by Congress could significantly aid in the adoption of the proposals advocated by the delegates to the White House Conference, and

WHEREAS apparently none of the achievements already in place in other countries found their way into the deliberations and awareness reports of this conference, even though foreign observers were invited and present,

BE IT THEREFORE RESOLVED that a compilation of significant federal laws, policies and regulations which have been achieved in other countries and which represent advances beyond those now in existence in the United States concerning the handicapped, be undertaken by the W.H.C. staff or other qualified personnel and that highlights of this compilation be added as an adjunct to the Report and Recommendations of the W.H.C. when it is presented to the President, the Congress, and the American public.

NATIONAL INSTITUTE OF HANDICAPPING CONDITIONS

Establish a National Institute of Handicapping Conditions to consist of a data bank of all available information affecting the handicapped, a consumer registry of doctors, health care workers, available services, etc. Also NIHC should operate on ombudsman program to investigate and coordinate the utilization of the various resources for individual and group situations. All government and privately funded related research should be coordinated and awarded through NIHC, with handicapped persons involved in advisory and decision making capacities.

In addition, NIHC shall be responsible for linguistically accessible multi-media programs to inform the public about various handicaps; to publicize the need for a benefit of early diagnostic services, with special attention to high risk populations and parents, and the unique needs of minorities.

ARMED FORCES SERVICE

BE IT RESOLVED that Congress shall enact legislation which will prevent the Armed Forces from denying handicapped American citizens the opportunity to enlist in the Armed Forces, and serving in non-combative positions, and preventing discrimination to such individuals in regards to pay, promotion, etc.

LIST OF OFFICIAL DELEGATES

LIST OF OFFICIAL DELEGATES

The following is a list of State and Territorial Delegates, Alternates, and Delegates-at-Large as the list existed just prior to the Conference.

ALABAMA

John Daniel, *State Director*

Delegates

Marilee A. Brown
Hubert F. Coker
Virginia Bond Cox
Camille L. Desmarais
Susan Fairbairn
Richard Oliver Hamilton
John Houston
Burl J. Jackson
Nancy Poole
Robert A. Raiford
Jerry L. Rich
E. A. Jerry Richmond
Charles J. Smith
John F. Sofie

Alternates

Jane P. Brown
Arlie A. Dearman
Sharon D. Kosboth
Andrew E. Lorincz
Charles H. Miller
Jean Noland
Gloria Terry Parker
Leroy R. Priest
Sam B. Rittenberg
Roland H. Teel
Ossie D. Vann
Gwenyth R. Vaughn
Elaine Wilcox

ALASKA

Gary Aanes, *State Director*

Delegates

Brady Jackson
Jerry Jatho
Jean Mahoney
Helen Mothershead
Barbara Smart
Theresa Thurston
Philemon Tutiakoff
Karen Williams

Alternates

Agnes Bellinger
James Chase
Garry Donnely
Wanda Gnerich
Lorna Kramer
Mark Oliger
Jim Sozoff

AMERICAN SAMOA

Jan Parker, *Territorial Director*

Delegates

Vaalele Ale
Sala Samiu
Soosooalii Savali
Patea Tauiliili
Faia'oga Tosi
Keniseli Tuaoi
M. Talusa Tuitele

Alternates

Salofi Sotoa

ARIZONA

Frank H. Kells, *State Director*

Delegates

Perry Allen
Diane Anderson
Marlys J. Anderson
Gene Brantner
Kenneth Franzen
Leo D. Lesperance
Arthur C. Martinez
Leona Miller
L. Kay Myers
David Wayne Smith
Larry G. Stewart

Alternates

Carol Albrecht
Gloria Apodaca
Earl Bigger
Alice Bizzell
John Carpenter
Ruth De Land
Welsey Hansen
Lillian Hodkins
Leo Myslicki
Edward J. Reger
Roy E. Thomas
Brian Van Hovel

ARKANSAS

Carol Cato, *State Director*

Delegates

Elizabeth Caplinger
Theodoshia Cooper
Marilyn Cox
D. Ray Fuller, Jr.
Donna Hansen
Jim Hudson
Mildred Al Lievsay
Donna McKay
Nannie M. McPherson
Joe S. Register
Jim Rountree

Alternates

Verlin Leroy Baugus
Bettye Brown
Jim Chaney
Charlotte Collums
Jack M. East
Crofford Harrison
Dusty Helbling
Patti Manus
Henry W. McCamey
La Della Olion
Carol Rasco
Alton Wachtendorf

CALIFORNIA

John Hessler, *State Director*

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Elizabeth Bacon
Kathleen Barrett
Jan Browne
Dennis Cannon
Don Galloway
Judy Heumann
Bruce Hillam
Leo Jacobs
Jim Kay
Virginia Lopez
Dan Sorenson
Tad Tanaka
Louis Velasco
Norma Jean Vescovo
Richard Wooten

Alternates

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Thomas Cruz
Dick Farr
Seigo Hayashi
Earl Long
Hugh Marsh
Beverly McKee
Leonard J. Meyer
Bruce Oka
John Preston, Jr.
Lillian Seymour
Grayce Stipanuk
Barbara Sullivan
Judy Tingley
Raymond Uzeta

COLORADO

Ingo Antonitsch, *State Co-Director*
Tedde Scharf, *State Co-Director*

Delegates

Janet Anderson
David A. Anthony
Curt Garrett
Dario Koldenhoven
Shirley Moore
Homer Page
Van Scheppach
Jerry Smith
Judith Spolum
Jerry Traylor

Alternates

George Anderson
Rosemarie Danner
Cary Groves
Richard E. Hartman
Harold V. Knight
Lenora Nesselhuf Komar
Louis Martinez
Carol Ann Moore
Lolita Stacey
Mike Steele
Edna Webster

CONNECTICUT

Sal D'Amico, *State Director*

Delegates

Barbara Brasel
Ismael Chavez
Joseph DePhillips
Raymond Fitzpatrick
Luella Horan
Lester J. Horvath
Leigh Phillips
Rachel Wheeler Rossow

Alternates

Barbara Andrew
Thomas Calabrese
Ann Dandrow
Thomas Lasher
Thomas P. Melady
Juanita Payne
Evelyn M. Weston

DELAWARE

Elizabeth R. Schantz, *State Director*

Delegates

Archie M. Bradley, Sr.
Kay Davis
Bonnie Fairchild
Mary R. Hartsock
George Kazan
Carlyn G. Landsberg
Beverly J. Whiteside

Alternates

Jean Cross
Linda S. Ferguson
Gerry Franz
Lewis James Hankins
Thomas J. Parsons
Edward Ziegler

DISTRICT OF COLUMBIA

Melvin L. Joyner, *State Director*

Delegates

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Ted McKinley Daniels
Yetta W. Galiber
William J. Greene, Jr.
Raymond Keith
Arthur Roehrig
Elizabeth Ann Wilson

Alternates

Sandra B. Fromm
Eva M. Johnson
George R. Reed
Joie Stuart
Andrew Woods
Evangeline Yeldell

FLORIDA

David Batelaan, *State Director*

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Marcia Beach
Tamara K. Bibb
Catherine P. Bruce
Colleen Fix
Mack Freeman, Jr.
Sara Hurdle
Jeanne T. Palaske
James C. Parrish, Jr.
Kelly D. Parrish
Donald Rutledge
Robert Thomson
Deborah M. Tyson
Joseph F. Veisz
Marabeth S. Wedewer
Tennyson J. Wright

Alternates

Max Bear
Richard Black
Beth Bowen
Chick Crampton
Peg Edmonds
Natalie Fleischaker
Greta Gaston
Jack Maguire
Bob Joyce
Carl McCoy
Louise Peyton
Jeanne Schomber
Terry Sue Turner
Chriss Walker
Robert Walker

GEORGIA

J. David Webb, *State Director*

Delegates

Bunny Belsky
Byron D. Cantrell
Frances M. Duncan
Vicki W. Jones
Buddy Kidd
Ronald B. La Rue
Robert P. Lyons
Linda Meeks
Haskell Murray
Nathan B. Nolan
Robert M. Perry
Rebecca L. Pittman
Mary Sewell
James R. Shikmus
Margie Staton Sloan

Alternates

Delores Allen
Chang M. Bang
Asa Barnard
Regina S. Bishop
Deborah Yonn Crawford
Robert W. Cullen
Frances Curtiss
Richard Dustin Dirst
Betty D. Green
Douglas R. Hatch
Lewis E. Kennedy
Ben Manley
Connie Meir
Jerry Morgan
James Shepherd
John Templer

GUAM

Leonisa B. Untalan, *Territorial Director*

Delegates

Delfina M. Basa
Edward A. Cabrera
Delfina A. Cataluna
Eloy L. De Jesus
Luis S. N. Reyes
Georgia Anne Smith
Josefina M. Toves

Alternates

John L. Anderson
Mamie P. Campbell
Esther Cases
Joe M. Lagua
Rita Castro Pocaigue
Vicente S. N. Reyes

HAWAII

Sally Price, *State Director*

Delegates

Maggie Beth Arruda
Emir Berg
Eldon W. Morris
Ivalee M. Sinclair
Mikki Smith
Terrance W. H. Tom
Thomas F. Tully

Alternates

Clara Berghoefer
Ricardo Ching
Tsugime Takemoto
Anne White
Roy A. Williams
Josephine Woll

IDAHO

B. R. Brown, *State Director*

Delegates

Mike Fuehrer
Norman Gardner
Harvey W. Henderson
Bernard J. Henscheid
Becky McKinley
Susanne Rebillet
Frank Smith

Alternates

Harry Gawith
Ray Halverson
Kathy Wikoff

ILLINOIS

Margaret C. Pfrommer, *State Co-Director*
Silas Singh, *State Co-Director*

Delegates

Henrietta Armstrong
Valerie E. Brew
Carolyn Brick
August W. Christmann
John B. Davis
Dorothy Handler
Sara Kirk
Roy A. Laws
Yoji Ozaki
Ralph Jack Powell
Rami Rabby
Walter W. Reed
Dennis J. Schreiber
Eloise Williams
Hiram Zayas

Alternates

Robert Abbott
Steve Benson
Martha Berry
Janet T. Boulet
Jack Catlin
Gene A. Dew
John F. Feeney
Lois Sachs Johnson
James Kestleloot
Robert F. Muller
Nancy Sample
Vera L. Sutherland
Mel Tellez
Joreen Wood

INDIANA

James R. Alley, *State Director*

Delegates

Norton H. Brown
Robert L. Brown
Keith Coros
Joan M. Fox
John J. Gavin
Betty J. Harrell
Muriel L. Lee
Amelia Cook Lurvey
Gary W. Olsen
William A. Passmore
Bette Rubinstein
Harlan Scheidt
Paul Schmidt
Lou Ella Smith
David W. Wilhelmus

Alternates

Frank E. Ball
Carol Ann Berg
James A. Carter
Doris Clevenger
Virginia Frame
W. Michael Gallacher
Marc Maurer
James K. Pauley
Mildred E. Schultz
Vernon Smith
Lupe D. Stump
Alice Tinsley
Fred Vericco

IOWA

Don Westergard, *State Director*

Delegates

Sharon K. Hovinga
Kenneth Jernigan
Robert Kozel
Judy Litherland
Brad Meyers
Dennis Moore
Sylvester Nemmers
Wanda Schnebly
Jerry L. Starkweather
Thomas S. Sweeney
John N. Taylor

Alternates

Sharon J. Bonney
William E. Brown
Lowell Craven
Marland L. Gammon
Calvin Jondle
Frank Mallenhoff
Ralph E. Stotts
James Tanner
Dale E. Vanhemert
Linda Wing

KANSAS

Joe Greve, *State Director*

Delegates

- Nancy Belohlavek
- Kenneth E. Clark
- Diana Coberly
- Wendell J. Lewis
- Karen M. Metzler
- Ann Sadler
- Joan Strickler

Alternates

- David Coe
- Pat Guinn
- Robert Mikesic
- Howard Moses
- Phil Olson
- John B. Redford
- Anne White

KENTUCKY

Mary Louise Sandman, *State Director*

Delegates

- Harvey J. Corson
- Ursula March Davidson
- Sandra L. Deaton
- Billie R. Downing
- Mary Fischer
- Janice Garrett
- Donna Herp
- Margaret Stewart Litchfield
- Robert L. McCormick
- William N. Richardson
- Carl J. Ruh
- Ralph E. Sinning
- Ellen Offutt Wigginton
- Gerald N. Williams
- Sherry Lyn Younce

Alternates

- Monica Campbell
- Tommy O. Gravitt
- Cass Irvin
- Edward Joseph Lally
- Daniel F. Massie
- Alfreda Meiners
- Edgar T. Moser
- Virginia Nester
- Joan Page
- Edward D. Ritchie
- Bobbie Lee Robertson
- Winford P. Simmons
- Harry M. Sparks, Jr.
- Wilma Vanlandingham

LOUISIANA

A. J. Dixon, *State Director*

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- Carol Chandler
- Forrest Dunn
- Gene Dunn
- Rosemary Hamner
- J. Kenneth Leithman
- Robert T. McLean
- Clydie K. Mitchell
- Ronald Mora
- David Myers
- Louis Roth
- John Saunders
- George Schurman
- Perry Tillman, III
- Mildren Wall
- James Womack

Alternates

- Elizabeth Borel
- Roderick DeJean
- Nolan Falgout, Jr.
- Arnold J. Falk
- Earl Fehr
- Norman Heard
- Patsy Poche
- Max Ray
- Sudie Robinson
- John E. Rolland, Jr.
- Carrie R. Saia
- Walter Siren
- Kenneth Vince

MAINE

Robert C. Hawkes, *State Director*

Delegates

- Ronald F. Hanson
- Peggy Harnois
- Jan K. Repass
- Ruth P. Shook
- William M. Shook, Jr.
- Anne Spencer
- Conrad R. Wurtz

Alternates

- Mary Amsden
- Philip Baron
- Carolyn Bebee
- James Greenleaf
- Sharon Greenleaf
- Mike McCoullough
- Herbert Merrill
- Helene Sippel

MARYLAND

William T. Snyder, *State Director*

Delegates

- Mary S. Akerley
- Richard Beals
- John A. Coffin
- Vachel A. Downes, Jr.
- Gertrude S. Galloway
- Robert E. Johnson
- Mara Lang
- Frances Lee
- David B. Luby
- Charles L. Vicek
- Lynn Weinberg

Alternates

- Joe Bardari
- Diana Elmes
- Francis A. Fold
- Richard Heddinger
- Nancy Lawhan
- Deborah R. Meyers
- Esther Miller
- Sharon Mistler
- Howard Nickelson
- Reese H. Robrahn
- Jacqueline C. Shields

MASSACHUSETTS

David Pfeiffer, *State Director*

Delegates

- James Barber
- Elizabeth A. Bielawski
- Corinne Brennan
- Helen Cormier
- Roger Cote
- C. Wayne Dore
- James Greene
- David P. Hayes
- Eugene Sibley
- Vivianne S. Thompson
- Dorothy Uhlig
- Jaime Ulloa
- Florence V. Webb
- Dwight Woodworth, Jr.
- Margaret K. Wray

Alternates

- Susan Claxton
- Linda G. Connors
- Jacquelyn L. Davin
- Adrienne Glen
- William E. Jones
- Meg Kocher
- Patricia Long
- Adolph Marcus
- J. Roy Mims
- Phyllis Mitchell
- Frances Rebstad
- Donald R. Riel
- Geneva Rudd
- Isaiah Uliss
- Maureen B. Zlody

MICHIGAN

Richard C. Smith, *State Director*

Delegates

Mary P. Cooper
Eric A. Gentile
Wilma V. Henry
John Hogg
Patricia Hunter
Nicola L. Kern
Ruth E. Loyster
Jeffrey W. Nash
Lorraine Palmer
Ruben L. Porter, Sr.
John N. Rose, Sr.
Len Sawisch
Jelt Sietsema
Matthew Trippe
Lawrence E. Worth

Alternates

Fernando Colon
Pat Doyle
Arselia S. Ensign
Patrick J. Flynn
Ardyce Germain
Miriam Frances King
Joan Le Blanc
Ronald Leebove
Deanna M. Lietzow
Euline McCorkle
Glynice Mrozek
Diann Proud
Alvin Rhodes
Judy K. Taylor

MINNESOTA

Pamela Ott, *State Director*

Delegates

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Michael Gardner
Robert Hangsleben
Robert I. Harris
Art Heinze
Terry James Jenstead
Gene Loffler, II
Ruth A. Moore
John B. Peterson
Joyce Scanlan
Jerome Glen Tollefson
Richard W. Van Wagner
Glen White
Kathleen Wingen

Alternates

Robert Johnson
Joyce Lindgren
Faith Reinhart
John Schatzlein
Vicki Sellner

MISSISSIPPI

Jim Breedlove, *State Director*

Delegates

P. T. Bankston
Jean Edwards
Dixie Lee Etheridge
Hubert Gilmore
McArthur Hibbler
Rosalind Hickenbottom
Martha T. Kabbes
John P. Keith
Marguerite Mason
Donald J. Mosley
Jim Stembridge

Alternates

Pshon Barrett
Robert Denny
Bill Myers
Howard Palmer
John M. Privette
Tommie Sue Russell
Emmagene Tallant
Mary Alice Towner
Bonnie White

MISSOURI

Harold Dean Kuehle, *State Director*

Delegates

Larry D. Baker
Juanita Crystal
Bettyann Dubansky
Jack N. Ford
Donald L. Gold
Richard I. Goldbaum
Janice M. Kelly
Betty Matthews
Doris G. Moore
Betty Murphy
Deborah K. Phillips
Jean Price
Bruce H. Scott
Jana L. Sims
Louis W. Wachtel

Alternates

Samuel Aftergut
Bernadine Bourne
Jerry Brown
Ralph Chitty
John Curry
Jo Ann Hunt
Archie D. Marshall
Gretchen Menn
Tillie Norton
Sallie Hart Potter
David Ramsey
Nancy Sue Reames
Herbert Sitzer
Otis E. Thompson
Yvonne Jeanette Werthman
Lois R. Wood

MONTANA

Jack C. Carver, *State Director*

Delegates

Joey Lillemon
Sandy Schneiter
Gary W. Steuerwald
Sam W. Stewart
Al Stiff
Virginia Sutich
Betty Van Tighem

Alternates

Naomi White Fox
R. Budd Gould
Tim Harris
Elia G. Nickoloff
Ray L. Peck
John J. Shea
Patricia Southall
Sylvia Elaine Stevens

NEBRASKA

Larry F. Nedrow, *State Director*

Delegates

Sharon E. Carr
Nancy Erickson
James D. Faimon
Bernard F. Hall
Paul Hartman
Rose Hoover
Richard L. Terry

Alternates

Fred Mytty

NEVADA

Roderick Kuhlmey, *State Director*

Delegates

Marjury Becker
Anthony Bulington
Jimmie Nell King
Paul McComb
Dorothy Mosey
Janet Risi
Frank Weinrauch

Alternates

William Cawelti
Cheri Heppe
William O'Neill
Mary Parker
Barbara Rollins
Joan G. Taylor
Karen Wright

NEW HAMPSHIRE

Raymond K. Conley, Jr., *State Director*

Delegates

Kathryn C. Forry
Albert E. Oulette
Helen C. Provost
Judith H. Raskin
Hartmut Teuber
Christopher R. Tremblay
Edward E. Vachon

Alternates

Beverly Arel
Dominic Bonura
J. Philip Boucher
Constance W. Hankin
John H. Lightfoot, Jr.
Edmund R. Meskys

NEW JERSEY

Evelyn Aronow Dolann, *State Director*

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Philip E. Cronlund
Frank A. Dolan
Richard C. Engelhardt
Adeline Franzel
Hyman H. Klein
Audrey R. McMahon
Dorothy B. Mery
Percy Lawrence Miller
Catherine Molitoris
Diane Mutchler
Frank Rodio, Jr.
Patricia M. Schilliingburg
Donald A. Ware
John D. Worrall

Alternates

Ronald Cannella
Theodor A. Dukes
Joseph P. Gaeta
Michael J. Hayes
Russell G. Layden
George Mango
Philip N. Moos
Sandra Ruth Pinkerton
Patricia Dianne Price
James E. Seath
Margaret Symonds
Patricia A. Tomlinson
Ronald E. Vaughn

NEW MEXICO

Guy R. Exon, *State Director*

Delegates

Kathleen M. Harmon
Nancy Jennings
Fred Martin
Daisy N. Rice
Telesfora S. Rios
Annette Tepper
Elizabeth Thomas

Alternates

Bob Di Napoli
Ralph Markward
Don C. Montoya
David M. Salamon
William C. Schaab
Jo Ann Schulz
Fred J. Shanks
Jerry Zimmerman

NEW YORK

Mark Guntrum, *Acting State Director*

Delegates

Albert D. Anderson
Margaret Bates
E. Franklin Bundy
Kathleen Connolly
Frances Connor
Theodore Davidson
John Deane
Eunice Fiorito
John Gerity
Margaret Hlibok
Brian McLane
Morton Posner
Joseph Silver
Mark Swerdloff
Robert Warner
Harold Wilke

Alternates

Helga Bendix
Fred Board
Shirley Burghard
Mary Cheese
Mercedes Clopton
Thomas Cribbin
Rosemary Edwards
Harold M. Kase
Elizabeth Pieper
Rebecca Rhodes
Joyce Rost
Asa Ruskin
Paul Sauerland
Marcia Slutsky
Jose Torres

NORTH CAROLINA

Robert M. Urie, *State Director*

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Mark W. Carter
William H. Derrick, Jr.
Myrtle H. Garris
Ruth C. Gibson
Mary W. Haynes
Robert L. Holloman
Mary Sloan Jones
Forrest Webb Kiser, Jr.
Lockhart F. Mace
Virginia C. Mock
Cheston V. Mottershead, Jr.
Robert R. Reilly
Winford Knox Riddle
Carla Shuford
Hazel Staley

Alternates

Glen Van Andel
Anna G. Butler
John Dalrymple
Jane B. Davidson
Nancy Davidson
R. C. Davis
Hugh A. Ebert
Johnsie S. Frye
Peggy Goodnough
L. Earl Jennings, Jr.
George Lentz
Theresa Raper
W. Joseph Strickland
J. Sterling White

NORTH DAKOTA

Georgene Emard, *State Director*

Delegates

Gary J. Cardiff
Anne H. Carlsen
Ruth E. Erickson
Rich Gauerke
Ronald Gibbens
Erv Reich
Robin Lee Werre

Alternates

Wilbur Ashworth
Gerald P. Balzer
Dennis Everson
Fred Rance
Mary E. Smith
Grace Tveiten
Darrel H. Vollmers

OHIO

Daniel Lawrence Calnan, *State Director*

Delegates

Jesse O. Anderson, Sr.
Donald Eugene Baker
Gwen H. Callas
Marienne Fields
Mary E. Fruth
Elsie D. Helsel
Virginia Ann Hemmerich
Jack L. Howard
Marilynn Hazel Hupfer
Merle R. Johnson
Richard Albert Ries
Shirley Ruth Stine
Mary Sue Thompson
Marion Swern Wells
Charles Victor Williams

Alternates

Charles W. Ambuske
Eugene Eminhizer
Patricia G. Humphrey
Carroll L. Jackson
Neil M. Jaffe
Frank Kimber
Patricia Marx
Myrtle McClung
Howard Reminick
Helen Lee Roudebush
Arvella M. Sander
Mary Truman
Betty J. Webb

OKLAHOMA

Donald A. Davis, *State Director*

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Judy O. Berry
Mary Caroline Cole
W. T. Griffing
Mayme P. Jackson
Raythel E. Jones
Helen Kutz
Clayton A. Morgan
John F. Pladziewicz
Leonard I. Saunders
J. Steven Stokes
Robert J. Toahty

Alternates

Jeanne Asher
Robert D. Bales
Maureen D. Butler
Gail Dunsky
Jack Earwood
Joseph C. Fallin
Lowell Green
Margaret S. Hinds
Marie Morrison
Mike Phillips
Walter Rapp
William W. Zimmerman

OREGON

Jo Roughton, *State Director*

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Chris Casady
Dennis J. Celorie
Dennis J. Fahey
Steven H. Gorham
Nancy Hall
Roseanne Jones
Alvan Marsters
Patty Shreck
Barbara Spencer
Raymond P. Thorne

Alternates

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Jesse V. Fasold
Mark Francis
Juan Guzman
Terry J. Hooton
David Ingerson
Keith Lange
Jean Edwards Prescott
Vicki Rice
George Scheier
Robert Shook
Helen Thomas

PENNSYLVANIA

Carl F. Odhner, *State Director*

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Richard C. Bosserman
Ruth Walter Brenyo
Grace B. Crull
Robert P. Deiley
Bonnie A. Gellman
Anneta L. Hawthorne
George H. Hibbler
Geraldine Mangus
Joseph J. Margalis
Carl Michael Moore
Jennie Lee Morgan
Donald H. Reigel
Darla I. Rosser
Evelyn Stypula
Al Whitenight

Alternates

Adolph S. Butkys
Mary Campbell
R. Denning Gearhart
Russ J. Gland
Dorothea D. Glass
John N. Grode
Arlene P. Kunigel
Donna Maurizio
Dorothy B. Moser
David M. Rice
Isobel M. Rosenbloom
Kathleen Spear
Repsie M. Warren
Katherine Wilt

PUERTO RICO

Augustine Echeverris, *Territorial Director*

Delegates

Carmen L. Gonzalez Barnes
Alfred Saaveden Blass
Eduardo Ocacio Bonilla
Jaime Alvelo Burgos
David Ortiz Cintron
Iraida Cortes
Juan J. De Lara
Josefina Betancourt De Millan
Eneida Pizzaro De Sandoval
Roberto Ortiz Hernandez
Juan L. Barnes Llivas
Ruben Maldonado Mateo
Yessid Concepcion Rios
Jesus Cepeda Rivera
Modesto Quiles Rivera
Ramon Diaz Rivera
Pedro Ramos Zayas

Alternates

Celestino Velilla Borges
Rosa Iraida Caban
Maira T. Belen Concepcion
Jose L. Cuevas
Elba M. Curt
Vicente Morciglio Figueroa
Santos Alvarado Gonzalez
Luis Marrero Gonzalez
Sonia La Cruz
Aida Fauro Martinez
Dary Rivera Melendez
Iris C. Caludio Pagan
Ramonita Luciano Rivera
Myrna Pomales Rivera
Maria F. Torres Santiago

RHODE ISLAND

Harvey Millman, *State Director*

Delegates

Claire Bennett
Beverly A. Cartier
Christine C. DeCecco
Donald D. Deignan
Paul M. DePace
Patricia Ryherd
Elizabeth Spellman

Alternates

Kathleen P. Barra
Sarah Belluso
Nancy B. D'Wolf

SOUTH CAROLINA

Charles S. Chandler, *State Director*

Delegates

Sheri William Akins
Mary Jean Baxley
Edna M. Dieter
Sharon Ellington
Reba E. Hancock
Harriet McBryde Johnson
Helen B. Maddox
Sandra P. Minton
Gene F. Norton
Sara Owens
Patricia L. Patrick
R. Wilson Sanders, Jr.
Shaila Regina Sawyer
Jill Taylor
Floyd Wilcox

Alternates

W. Eugene Abrams
James Anderson
Ernest Gilman Baldwin
Dill D. Beckman
June R. Boozer
Stephen M. Brown
Sandra B. Cooper
Mary Etta Dusenbury
Jim C. Edwards
Russell D. Long
Harriet Rose Lowe
Harry D. Patterson
Barbara B. Stone
John I. Wilson
Charleis W. Woodard

SOUTH DAKOTA

Darrell Jepson, *State Director*

Delegates

Del Aman
Phyllis Birrenkott
Martha Clavel
Darrell Lee King
Naomi Renville
Clete Sehr
Marcus Tibbets

Alternates

Gaylon Holmes
Charlotte Kingsbury
Norma Mathwick
Ed Van Overscheide
Robert Renshaw
Dave Vogel

TENNESSEE

B. Dale Wiley, *State Director*

Delegates

Francis W. Boyd
Marjorie Nelle H. Cardwell
Margaret J. Chanin
William DeLoach
Paul Drake
C. Jane Harrison
Laverne Humphrey
Richard L. Johnson
Cloyd E. Litle
Marcus W. Orr
Tom Rollins
Ben Stringer
Sylvia Saloshin
Genevieve J. Waddell
Roland Woodson

Alternates

John Colozzi
Charlene DeLoach
William J. Ferrell
Herman Fischer
Randy Griggs
Pazetta (Pal) Mollette
Suzanne Neel
Mary Rolando
Evelyn Russ
Helen Stovall
Erwin (Buddy) Wright

TEXAS

Sam C. Millsap, *State Director*

Delegates

Mary Ann Board
Joan G. Fernandes
Buffy Fetter
Bill Flynn
Lex Frieden
Jim Hayes
Lee Kitchens
Tom Morrison
Jim Patton
Pat Pound
Richard Rubin
Gay Rutherford
Dale Simpson
Ralph White
Willis Williams

Alternates

Virginia Bernisse
Glenda Carlock
Don H. Culwell
Bud Davidson
Don Drewery
Charles Eskridge, Jr.
Efton F. Geary
Mary Virginia Griggs
Lynda Hutcheson
Muriel Le Blanc
Trudy Putteet
J. R. Thompson
Carol J. Whitcraft
Mary Lovey Wood

TRUST TERRITORIES

Agnes McPhetres, *Territorial Director*

Delegates

Ireneus E. Akapito
Edward M. Cabrera
Mariano Camacho
Jesus M. Concepcion
Alfonso Oiterong
Sataichy Ruby
Aisur Tholl

Alternates

John Joiner
Nora Kilmej

UTAH

Kenneth Rigtrup, *State Co-Director*
Curtis B. Wright, *State Co-Director*

Delegates

- Lana Brown
- Denise Evans
- Betty Holmes
- La Mar N. Lamb
- Carol K. Loftis
- W. David Mortensen
- Scott J. Stanger

Alternates

- Jesse Anderson
- Carol Jean Bittner
- David Holmes Kelley
- June Leifson
- Robert Stonehocker

VERMONT

Peter J. Grassadonia, *State Director*

Delegates

- Charles Bearman
- Patrick J. Candon
- Donald Carpenter
- Betty Haney
- John Nelson
- Raymond Prinsen
- Kay Stambler

Alternates

- Michael Cook
- Margaret Franzen
- Anne K. Gordon
- Bernard Heneault
- Sharon Heneault
- Michelle Pelland
- Marjorie Spaulding

VIRGINIA

Marianne J. Cashatt, *State Director*

Delegates

- Robert Bates
- Peggy Bendrick
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